



*State of New Jersey*

**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

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MARY E. O'DOWD, M.P.H.  
*Commissioner*

TO: Administrators of Assisted Living Residences, Comprehensive Personal  
Care Homes and Assisted Living Programs

FROM: Barbara Goldman, R.N., J.D.  
Assistant Director, Office of Certificate of Need and Healthcare  
Facility Licensure, Health Facilities Evaluation and Licensing

Andrew D. Benesch, Health Data Specialist I

DATE: July, 2011

SUBJECT: The Assisted Living Resident Profile Survey Results for 2010

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the year 2010. For the third straight year, the ALRPS for 2010 was submitted through the web-based system that was first used for collection of 2008 data. Two enhancements were made to the 2010 survey:

- 1) Data were collected and analyzed for Assisted Living Programs (ALPs) for the first time; and
- 2) Data elements previously collected through the On-line Data Collection Survey were incorporated into the ALRPS. The On-line Data Collection Survey was discontinued.

This report contains information concerning assisted living residents and assisted living program participants in New Jersey. The issues addressed are source of admission, discharge destination, reason for discharge, activities of daily living (ADL) needs, medication administration needs, cognitive task needs, age, gender, need to care for spouse, Medicaid coverage, length of stay, resident census, special services, resident contractual information, and staffing. We believe that you will find this information useful in determining how your facility compares with the statewide average for each of these measures.

We are pleased to report 100% compliance with the requirement to submit the Resident Profile Survey for 2010. The Department would like to thank all facilities for completing and submitting the survey for 2010. In addition, the Department appreciates the collaborative effort of staff of the New Jersey Hospital Association as well as representatives of the Health Care Association of New Jersey and LeadingAge in working with the facilities to complete the survey. If you have any questions, concerns, or comments on the report, you may contact Mr. Andrew Benesch, Health Data Specialist I at (609) 633-9042. Thank you.



# **The Assisted Living Resident Profile Survey Results for 2010**



**State of New Jersey Department of Health and Senior Services  
Division of Health Facilities Evaluation and Licensing**

**July 2011**



# Introduction

The Department of Health and Senior Services (DHSS) defines assisted living as “a special combination of housing, personalized support services and health care designed to accommodate those who need help with the activities of daily living (ADLs) but may not require the type of care provided in a nursing home.”<sup>1</sup>

This report summarizes the results of the *Assisted Living Resident Profile Survey (ALRPS)*, which includes a facility profile, an in-house resident profile and a discharged resident profile.

- Facility profile – Requests basic facility information (e.g. name, address and phone number)
- In-house resident profile – Collects data for in-house residents in the provider’s care during the calendar year, i.e. from Jan. 1 through Dec. 31. Providers are asked to submit information for each resident pertaining to demographics, source of admission and resident needs. This set of residents will sometimes be referred to as “in-house residents.”
- Discharged resident profile – Provides information about residents discharged during the calendar year. The items requested include admission date, source of admission, discharge date, discharge disposition and reason for discharge. This set of residents will sometimes be referred to as “discharged residents.”

Data for ADLs, medication assistance, assistance with cognitive tasks, and whether the resident is in the facility solely to care for a spouse were collected as of December 31, 2010 for in-house non-respite residents and as of the date of admission for in-house respite residents.

The 2010 ALRPS was administered electronically in April 2011. The online survey was opened on April 4, 2011. All New Jersey licensed assisted living residences (ALRs), comprehensive personal care homes (CPOCHs) and assisted living programs (ALPs) were required to submit their data for the 2010 calendar year. This was the first year that ALPs were required to participate. The deadline for providers to submit this data was April 27, 2011.

The number of residents included in the ALRPS since 2005 is as follows.

*N-1: Residents included in the NJ Assisted Living Resident Profile Survey*

<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
12,653	17,184	14,991	16,997	20,336	19,805

The response rates since the 2008 data collection are as follows.

*N-2: Response rates from 2008 through 2010*

<b>2008</b>	<b>2009</b>	<b>2010</b>
89% (184 of 206)	100% (210 of 210 )	100% (215 of 215 )

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<sup>1</sup> State of New Jersey, Department of Health and Senior Services, Assisted Living in New Jersey, What is AL, <http://www.state.nj.us/health/healthfacilities/alinnj/index.shtml#what>

The number of providers represents those providers that were in operation as of Dec. 31 of each year, except for providers for which the survey was not deemed appropriate (e.g. hospice, recently licensed facilities or programs that had no 2010 data or facilities or programs considered too small to provide valid data).

## Methodology

In 2001, a paper-based Assisted Living Resident Profile Survey (ALRPS) was originally developed by staff in the DHSS, with input from representatives of the assisted living field. It was agreed that the ALRPS would be submitted by providers on an annual basis.

In 2008, the New Jersey Hospital Association (NJHA), under the direction of DHSS, developed a Web-based ALRPS system. The system was developed in partnership with the Health Care Association of New Jersey (HCANJ) and LeadingAge New Jersey, formerly the New Jersey Association of Homes and Services for the Aging. Beginning with the survey for 2008, the only means of ALRPS data submission was through the Web-based system. (See figure A-1 in appendix.) From 2001 to 2010, data collected by DHSS surveyors via the On-Site Data Collection Survey was included in the ALRPS final report. However, system enhancements implemented in 2011 allowed for the data traditionally collected via the On-Site Data Collection Survey to be included in the online ALRPS.

To register for the online system, New Jersey licensed ALRs, CPCHs and ALPs completed an enrollment form at <https://www.njalsurvey.com/default.aspx>. (See figure A-2.) Once enrolled, providers received a username and password which allowed them to enter their ALRPS data when the online survey window was opened by DHSS (April 4, 2011 to April 27, 2011). The form is also used by providers to communicate changes in registered information.

Beginning January 2011, emails were sent asking registered providers to confirm their information as listed in the system; any changes were to be communicated by email to the ALRPS mailbox at [alsurvey@njha.com](mailto:alsurvey@njha.com). Training Webinars were also held to give providers a basic tutorial on how to use the system and also introduced the system's enhanced features. These enhancements included:

- New security features,
- New printable worksheets, and
- New data fields capture information related to:
  - Resident contractual information;
  - Special resident services;
  - Medicaid contractual information;
  - Staffing information; and
  - Certified medication aide (CMA) programs.

# Purpose

The purpose of the ALRPS is to identify characteristics of assisted living residents and providers. Data collected via the ALRPS may be used to determine whether assisted living is meeting its goal of promoting “aging in place.” The information is used by DHSS and the provider community to better understand the state of the industry. This final report may be used by administrators to compare their own facilities and programs to the statewide average for the indicators noted above.

The ALRPS collects the following provider characteristics:

- 1) Administrator credentials
- 2) Alzheimer’s services:
  - a. Offered in a separate unit
  - b. Offered in an integrated unit
  - c. Offered throughout the entire facility
- 3) Special services:
  - a. Respite
  - b. Hospice
  - c. Behavior Management
  - d. Other
- 4) Medicaid contractual information
- 5) Staffing information
- 6) Certified medication aide (CMA) program information:
  - a. Active certified medication aide program, in which CMAs administer medications
  - b. In-house certified medication aide training program
- 7) Average census

The following data is collected to develop the resident profile:

- 1) Age and gender
- 2) Medicaid status
- 3) Respite status
- 4) Admission source
- 5) Resident lives with spouse in the facility
- 6) Discharge destination
- 7) Reason for discharge
- 8) Length of stay (LOS)
- 9) Moving in and moving out: in-house and discharged residents
- 10) Need for assistance with activities of daily living (ADLs)
- 11) Other needs:
  - a. Medication administration
  - b. Cognitive tasks
- 12) Resident contractual information:
  - a. Health service plans as of Dec. 31
  - b. Managed risk agreements as of Dec. 31

## Data Analysis

### 1. Administrator Credentials

*(See figure A-3 in appendix.)*

In 2010, the number of administrators reporting their credentials as CALA was 66 percent. This is consistent with previous years. In 2009 the number of CALA administrators was 67 percent; in 2008 it was 65 percent. Also in 2010, 26 percent of administrators reported their credentials as LNHA; in 2009 this was 27 percent and in 2008 this was 31 percent. In 2010, eight percent reported both CALA and LNHA credentials, an increase from six percent in 2009 and four percent in 2008.

### 2. Resident Age and Gender

*(Figures A-4a, A-4b, A-4c and A-5a, A-5b, A-5c)*

Resident ages are categorized as follows:

- a) 69 years or younger
- b) 70 to 74 years
- c) 75 to 79 years
- d) 80 to 84 years
- e) 85 to 89 years
- f) 90 to 94 years
- g) 95 years and older

The 69 years or younger age group includes residents with reported ages between 18 and 69 years of age.

The mean resident age in 2010 was 85. *(Figure A-19)* The mean resident age in the previous year was 86. Survey data from 2003 through 2008 reflected a mean resident age of 85.

As in previous years, most residents were between 80 and 94 years of age. In 2010, as in 2009, 72 percent of all residents fell within this age range.

Consistent with previous years, three-quarters of all residents were female and one quarter were male. Of non-respite residents, 77 percent were female and 23 percent were male; of respite residents, 74 percent were female and 26 percent were male. These percentages are consistent with data collected for calendar year 2009.

In 2010, 934 residents (8 percent) were in an ALR or CPCH solely to care for a spouse. In 2009, this figure was five percent; in 2008, it was four percent.

### 3. Resident Length of Stay (LOS)

Resident LOS is classified as follows:

- a) Less than one month

- b) One to five months
- c) Six to 11 months
- d) 12 to 17 months
- e) 18 to 23 months
- f) 24 months or more

The following measures of length of stay were computed:

- 1) The amount of time that in-house non-respite and respite residents had been in the facility as of Dec. 31 (*See figures A-6a-1 and A-6a-2*)
- 2) The length of time that non-respite and respite residents discharged during the 2010 calendar year spent in the facility (*See figures A-6b-1 and A-6b-2*)

In 2010, the mean LOS for in-house non-respite residents was 25 months, consistent with the previous year. The mean LOS for discharged non-respite residents was 14 months. The mean LOS for this group of residents was 13 months in 2008 and 2009.

*N-3: Mean LOS in months from 2006 through 2010*

	Mean LOS in Months				
	2006	2007	2008	2009	2010
<b>in-house non-respite</b>	24	25	16	25	25
<b>discharged non-respite</b>	13	11	13	13	14

In 2010, the mean LOS for in-house respite residents was six months; in 2009 the mean LOS was five months. For discharged respite residents the mean LOS in 2010 was two months, as it was the previous year.

#### 4. Medicaid Status (*Figure A-7*)

In 2010, 83 percent of providers reported having a Medicaid provider number and 20 percent of all residents were covered by Medicaid. In 2009 and 2008, this figure was 19 percent.

In 2010, 21 percent of non-respite residents were covered by Medicaid; in 2009 this figure was 17 percent. In 2010, no respite residents were covered by Medicaid; in 2009, 0.2% of respite residents were covered by the Medicaid waiver.

#### 5. Moving In and Moving Out (*Figures A-8a-1, A-8a-2, A-8a-3*) (*Figures A-8b-1, A-8b-2, A-8b-3*) (*Figures A-9a, A-9b, A-9c*)

In 2010, 63 percent of all residents were admitted from home; in 2009, 62 percent were admitted from home. Sixty-four percent of non-respite residents were admitted from home in 2010,

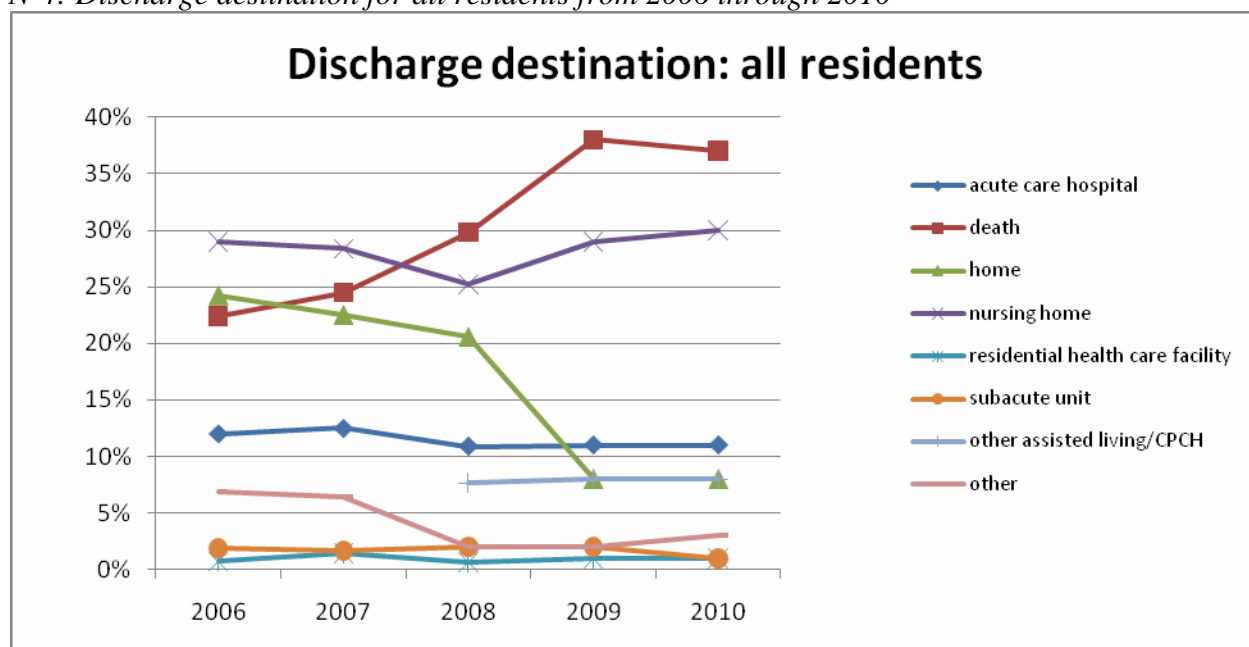


compared with 63 percent the previous year. Of respite residents, 62 percent were admitted from home in 2010, compared with 60 percent in the previous year.

For in-house non-respite residents, the top four sources of admission were home, subacute unit, other assisted living/CPCH and nursing home. These four categories are consistently represented as the top four admission sources from data reported since 2005. For discharged residents, the top four sources of admission were the same as for in-house non-respite residents. Fifty-eight percent of discharged non-respite residents were admitted from home, compared with 56 percent in 2009. Of discharged respite residents, 74 percent were admitted from home in 2010, compared to 77 percent in the previous year.

Examining discharge destination, there was a steady increase in the percentage of deaths and a simultaneous decrease in the percentage of residents discharged to home from 2006 to 2009. In 2010, the percentage of deaths drops from 38 percent to 37 percent and the percentage of residents discharged to home remains steady at 8 percent. As in data reported since 2006, the top two discharge categories for non-respite residents were death (37 percent) and nursing home (30 percent). This data continues to suggest the increasing medical frailty of the residents served by the state's ALRs and CPCHs, as well as the ability of assisted living facilities to fulfill the goal of having residents age in place.

*N-4: Discharge destination for all residents from 2006 through 2010*



For discharged respite residents, 81 percent of residents were discharged to home and, as in 2009, only two percent were discharged to a nursing home. Four percent converted from respite to non-respite status. The percent of residents who converted from respite to non-respite status decreased from seven percent in 2008, to six percent in 2009, and to four percent in 2010.

## 6. ADL Needs

(Figures A-10a-1, A-10a-2, A-10a-3)

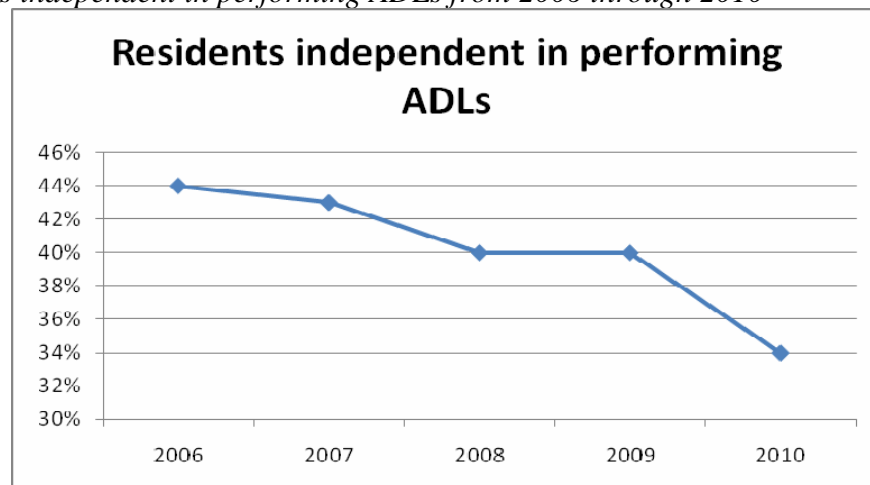
(Figures A-10b-1, A-10b-2, A-10b-3)

(Figures A-10c-1, A-10c-2, A-10c-3)

(Figures A-10d-1, A-10d-2, A-10d-3)

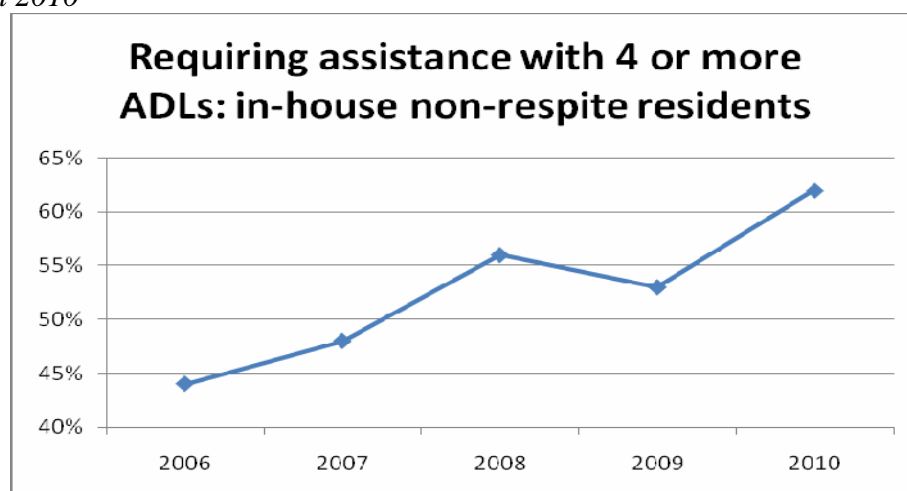
In 2010, 34 percent of all residents, both in-house (respite and non-respite) and discharged, were reported as independent in performing ADLs. This percentage has shown a decrease from previous years, as indicated in the chart below:

*N-5: Residents independent in performing ADLs from 2006 through 2010*



Looking at in-house, non-respite residents, the percentage of residents requiring assistance with four or more ADLs has increased since 2006:

*N-6: In-house non-respite residents requiring assistance with 4 or more ADLs from 2006 through 2010*



In 2009, 18 percent of in-house non-respite residents were independent in performing ADLs and 82 percent required assistance with one or more ADLs. In 2010, 9 percent of in-house non-

respite residents were classified as independent in performing ADLs and 91 percent required assistance. Looking more specifically at this group of residents between 2009 and 2010, the percent independent in performing ADLs dropped from 18% to 9% while the percent needing assistance with four or more ADLs increased from 53% to 62% (see table below). This may reflect the higher acuity of residents receiving assisted living services; these percentages will be monitored in the next survey year.

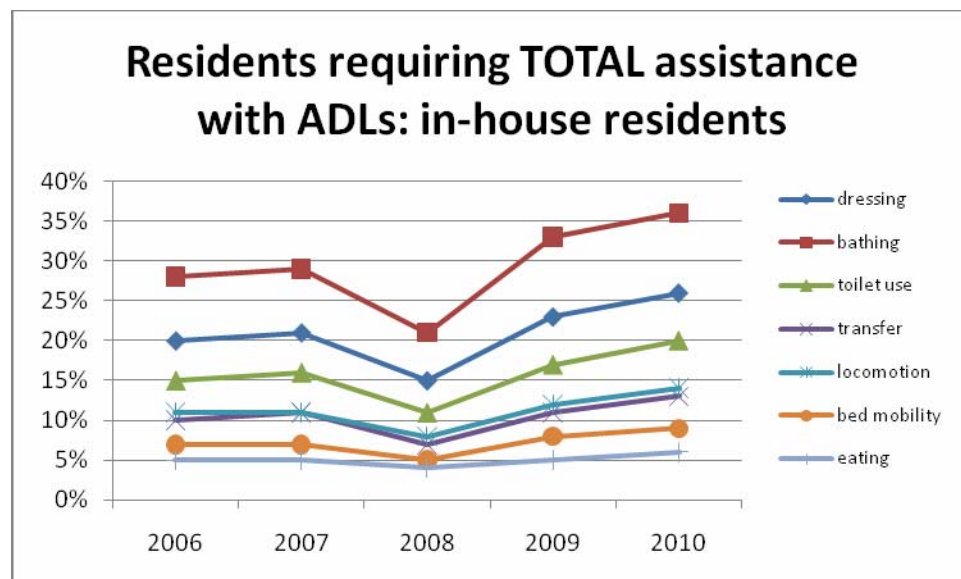
*N-7: Percent of in-house non-respite residents independent and requiring assistance with one or more ADLs in 2009 and 2010*

	<b>Independent</b>	<b>1 ADL</b>	<b>2 ADLs</b>	<b>3 ADLs</b>	<b>4 or more ADLs</b>
<b>2009</b>	18%	9%	9%	11%	53%
<b>2010</b>	9%	9%	10%	10%	62%

For in-house respite residents, 11 percent were independent and 88 percent required assistance with one or more ADLs in 2010. In the previous year, four percent were independent and 96 percent required assistance.

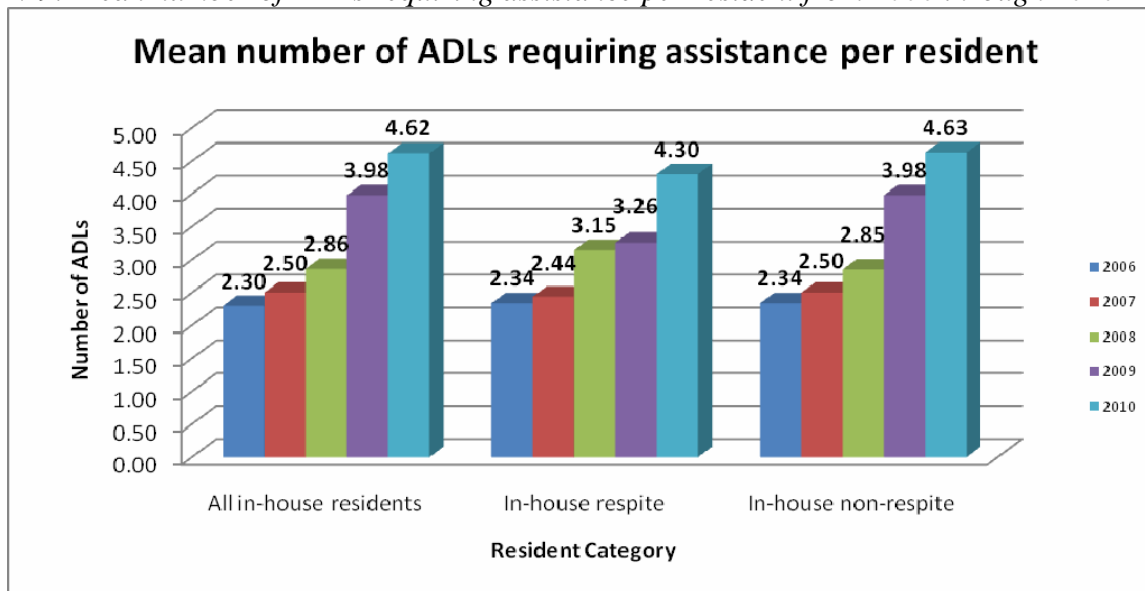
Consistent with previous years, the two ADLs with which in-house residents required the greatest assistance were bathing and dressing. The percentage of residents requiring total assistance with each of the seven ADLs continued to increase from 2008.

*N-8: In-house non-respite residents requiring total assistance with ADLs from 2006 through 2010*



The mean number of ADLs requiring assistance for all in-house residents continues to increase, from 3.98 in 2009 to 4.62 in 2010. Again, this increase may be a reflection of aging in place.

*N-9: Mean number of ADLs requiring assistance per resident from 2006 through 2010*



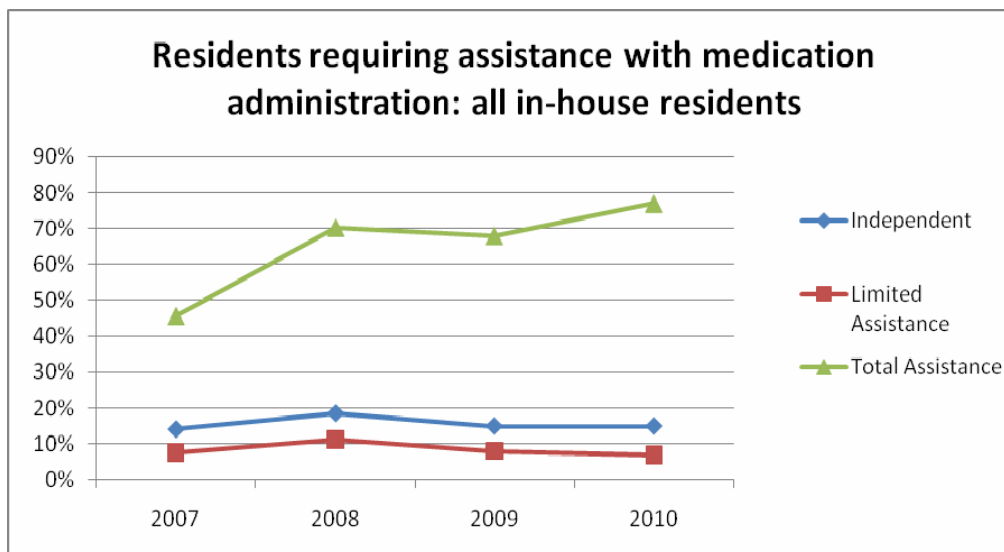
Further details regarding degree of assistance are shown in Figures A-10a-1 through A-10d-3.

## 7. Other Needs

(Figures A-11a, A-11b, A-11c and A-12a, A-12b, A-12c)

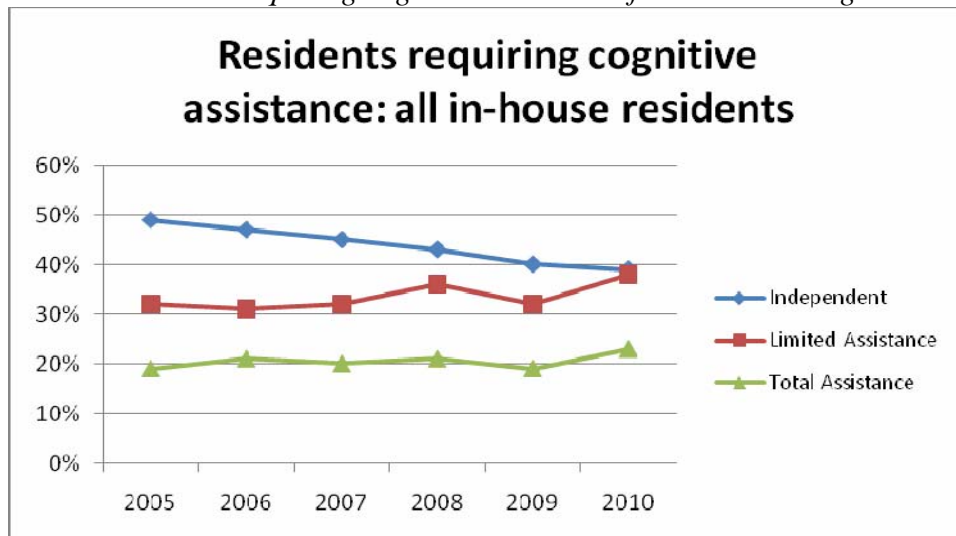
The percent of residents not requiring assistance with medication administration remained consistent from the previous year at 15 percent; the percent of residents requiring limited assistance was seven percent in 2010 and eight percent in 2009. The percent of residents requiring total assistance with medication administration increased from 68 percent in 2009 to 77 percent in 2010.

*N-10: In-house residents requiring assistance with medication administration from 2007 through 2010*



As in the previous year, 39 percent of all residents (both in-house and discharged) were independent in performing cognitive tasks. The percent of residents requiring limited and total assistance with cognitive tasks continues to show a fluctuating trend; both measures decreased from 2008 to 2009 and then increased in 2010. Data received in upcoming survey years may help to identify a cause for this fluctuation.

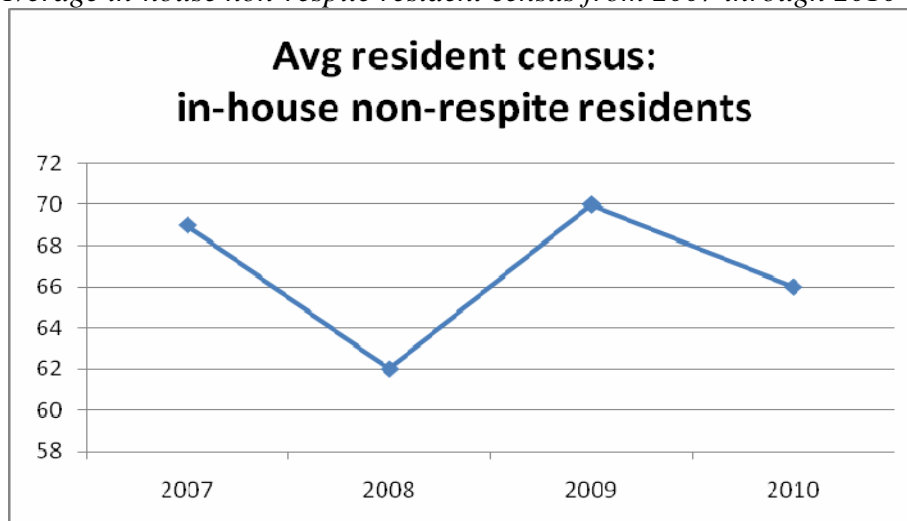
*N-11: In-house residents requiring cognitive assistance from 2005 through 2010*



#### 8. Average Resident Census per Facility (Figure A-13)

Data from the ALRPS indicated the average number of in-house non-respite residents as 66 in 2010, a decrease from 70 in 2009. The reason for this apparent fluctuation is not known; future survey data may shed light on this trend.

*N-12: Average in-house non-respite resident census from 2007 through 2010*



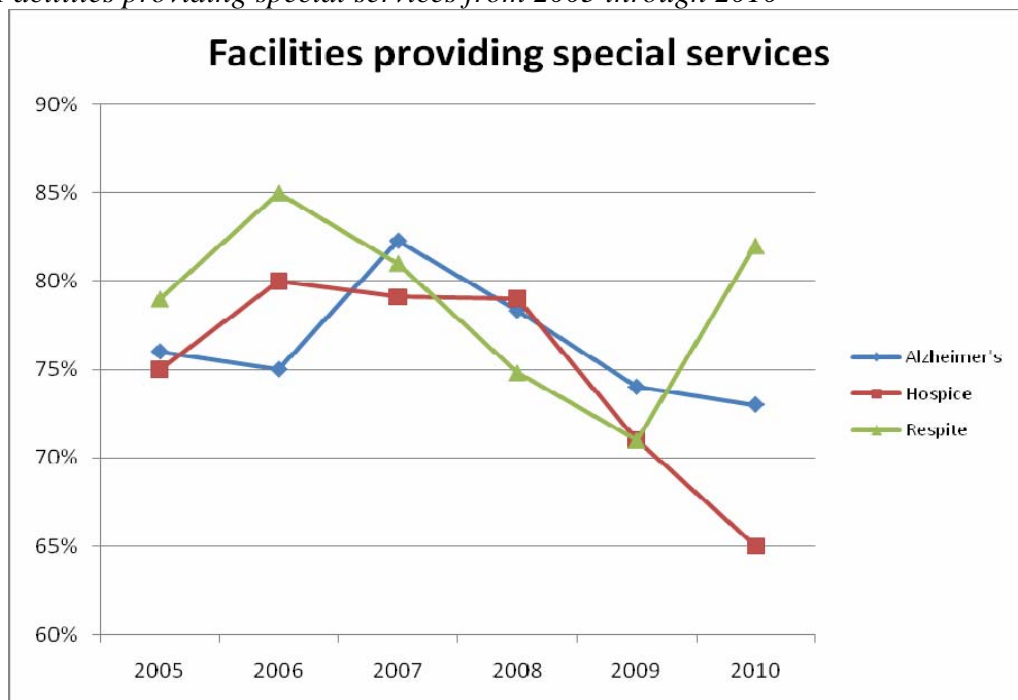
The average resident census of in-house respite residents declined from 2007<sup>2</sup> to 2010, while the number of facilities providing respite services increased from 2009 to 2010. Economic factors could be in play since respite due to the cost of these services and national economic downturn. Many people may have been out of work and unable to take vacations for which they needed respite from caregiving.

### 9. Special Services<sup>3</sup>

(Figures A-14a and A-14b)

In 2009, 71 percent of facilities surveyed provided respite services. In 2010, 82 percent reported providing respite services. The percentage of facilities providing Alzheimer's services in 2010 was 73 percent, compared to 74 percent in 2009. Sixty-five percent reported providing hospice services in 2010, compared to 71 percent in the previous year.

N-13: Facilities providing special services from 2005 through 2010



Of the 215 providers that participated in the 2010 ALRPS, eight reported “other” special services. These included: on-site rehabilitation (including physical/occupational/speech

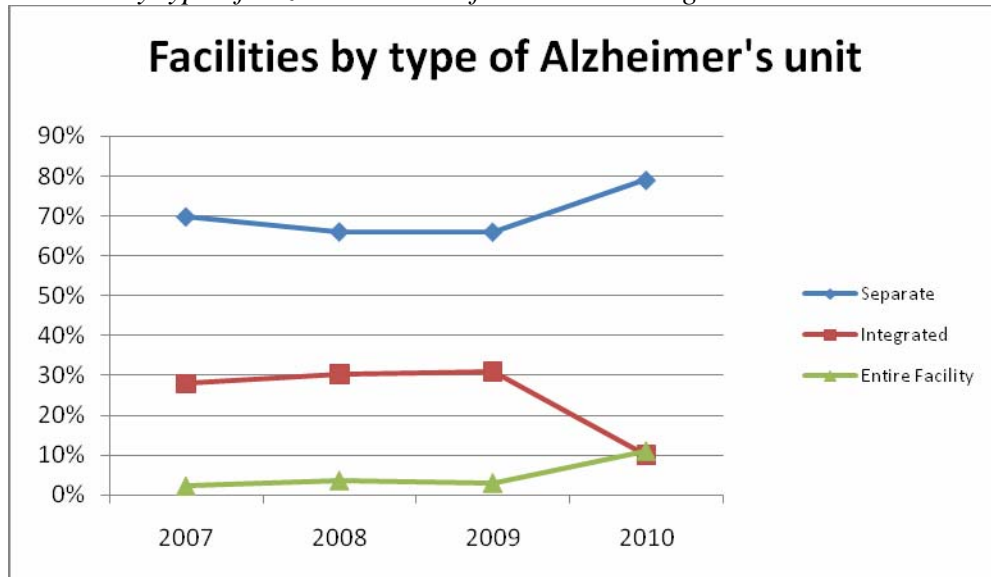
<sup>2</sup> Please note, data indicating the number of facilities providing respite services in 2007 and 2008 was drawn from the DHSS On-site Data Collection Survey; as of 2009 this data was drawn from the ALRPS. According to the On-site Data Collection Survey, respite services were provided by 128 facilities in 2007 and by 107 facilities in 2008.

<sup>3</sup> For 2010, data regarding special services was incorporated into the online ALRPS; previously the data had been collected by DHSS on-site surveyors via the On-Site Data Collection Survey.

therapy), a special needs unit for residents needing a higher level of care and a program tailored for residents with a primary psychiatric diagnosis.

In 2010, 157 facilities and programs reported providing Alzheimer's services, compared with 88 in the previous year. Of the 157 providers, close to 80 percent reported having a separate Alzheimer's unit and ten percent maintained integrated units. It should be noted that the change in data collection, from the On-Site Data Collection Survey in 2009 to the online ALRPS in 2010, may account for the difference in reported data between these two years.

*N-14: Facilities by type of Alzheimer's unit from 2007 through 2010*



#### 10. Resident Contractual Information<sup>4</sup> (Figures A-15a and A-15b)

Of 19,805 residents whose data was submitted in the 2010 ALRPS, 35 percent had a health service plan on Dec. 31. This compares with 21 percent in 2009 when the data was collected via the On-Site Data Collection Survey; it is important to note that only 8,558 residents were included in that survey tool in 2009.

In 2010, the ALRPS data indicates that two percent of residents had managed risk agreements. The data collected via the On-Site Data Collection Survey in 2009 shows this figure at one percent.

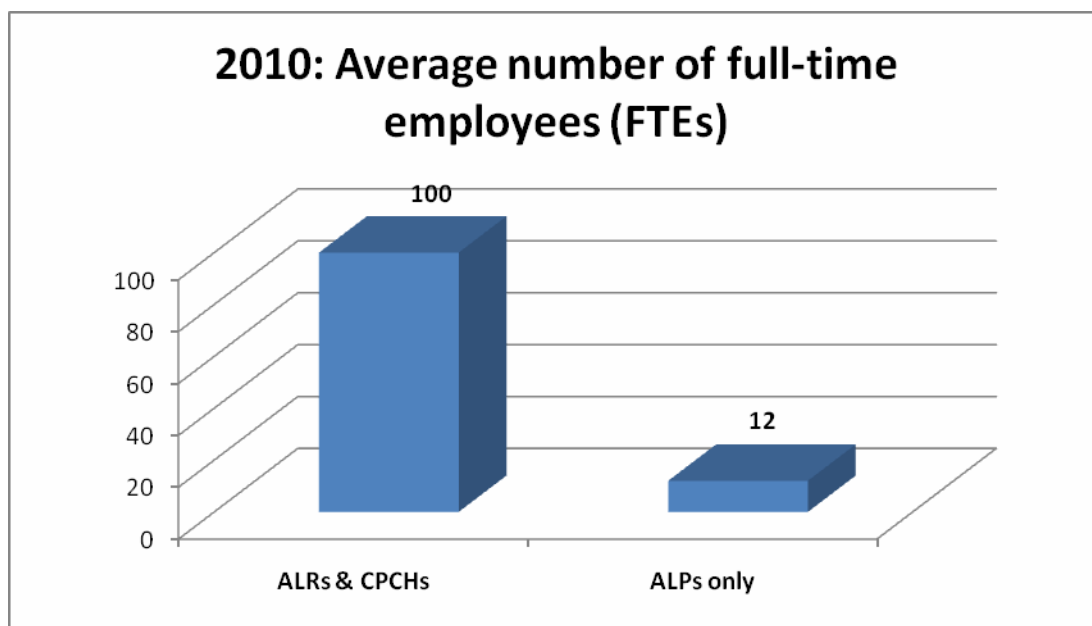
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<sup>4</sup> For 2010, data regarding special services was incorporated into the online ALRPS; previously the data had been collected by DHSS on-site surveyors via the On-Site Data Collection Survey.

## 11. Staffing<sup>5</sup>

The average number of full-time employees (FTEs) reported in the 2010 ALRPS was 100. Looking at Assisted Living Programs (ALPs) separately, the average number of FTEs was 12.

*N-15: Average number of full-time employees in 2010*



## 12. Certified Medication Aide (CMA) Program Information


In 2010, 74 percent of providers reported having an active CMA program. Only 26 percent reported having an in-house training CMA program.

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<sup>5</sup> For 2010, data regarding special services was incorporated into the online ALRPS; previously the data had been collected by DHSS on-site surveyors via the On-Site Data Collection Survey.



A-1:



Welcome Melinda Werner

Resident Profile   Facility Profile   Submit Survey   Change Password   Log Out

**The New Jersey Department of Health and Senior Services**  
**Division of Health Facilities Evaluation and Licensing**  
**Assisted Living Residence and Comprehensive Personal Care Home**

**2008 Resident Profile Survey**  
**Resident Information**

Facility Name: Melinda's Organization

**Demographic**

Resident Identifier:

Gender: ☐ Male ☐ Female      Medicaid Status: ☐ Yes ☐ No

Date of Birth:  (mm/dd/yyyy)      Date of Admission:  (mm/dd/yyyy)

Admission Source:

Respite Status: ☐ Respite ☒ Non-Respite      Discharged: ☐ Discharged ☒ In-House

**In-House ADL/Medication/Cognitive Impairment**

Please enter one of the following codes to identify each resident's need for assistance:

- 0 - Independent - Resident needs no assistance in performing the activity
- 1 - Limited - Resident needs some assistance in performing the activity
- 2 - Total - Resident is totally dependent upon others for the activity

Dressing: ☐ 0 ☐ 1 ☐ 2      Bathing: ☐ 0 ☐ 1 ☐ 2

Toilet Use: ☐ 0 ☐ 1 ☐ 2      Transfer: ☐ 0 ☐ 1 ☐ 2

Locomotion: ☐ 0 ☐ 1 ☐ 2      Bed Mobility: ☐ 0 ☐ 1 ☐ 2

Eating: ☐ 0 ☐ 1 ☐ 2      Med. Admin. Status: ☐ 0 ☐ 1 ☐ 2

Cognitive Skills: ☐ 0 ☐ 1 ☐ 2

Resident lives with spouse in the facility: ☐ Yes ☒ No

Please note: The Assisted Living Resident Profile Survey is an interactive online tool. This illustration is one of several screens. The tool can be accessed by registered providers at <https://www.njalsurvey.com/default.aspx>.

A-2:



## **Assisted Living Residence & Comprehensive Personal Care Home**

### **ELECTRONIC Resident Profile Survey Enrollment Form**

Please complete the following information and either fax to 609-806-4659 or email to [alsurvey@njha.com](mailto:alsurvey@njha.com)

*Please note: A user name and password are required. Each facility will have two user accounts. The user name will be the email address; an initial password will be assigned. The first time you log on to the survey site, you will be prompted to change your password.*

#### **Facility Information**

Facility Name: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### **Administrator Information**

Administrator Name: \_\_\_\_\_  
Administrator Credentials: \_\_\_\_\_ LNHA \_\_\_\_\_ CALA \_\_\_\_\_ (circle one)  
Administrator's Email & Phone: \_\_\_\_\_

#### **Assisted Living Resident Profile Survey Primary Contact Information**

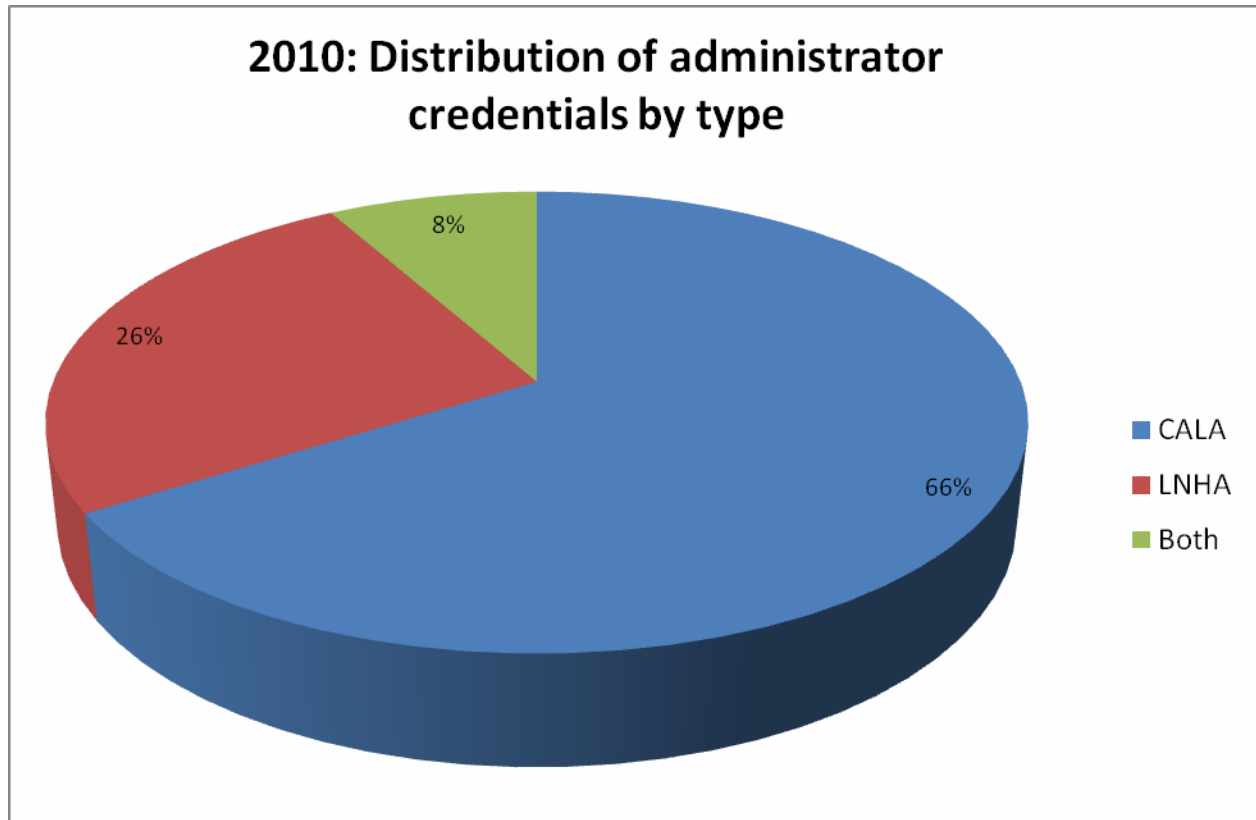
*Please indicate who will be completing the Electronic Assisted Living Resident Profile Survey.*

*It is preferable that this person be different from the Administrator.*

Primary Contact Name: \_\_\_\_\_

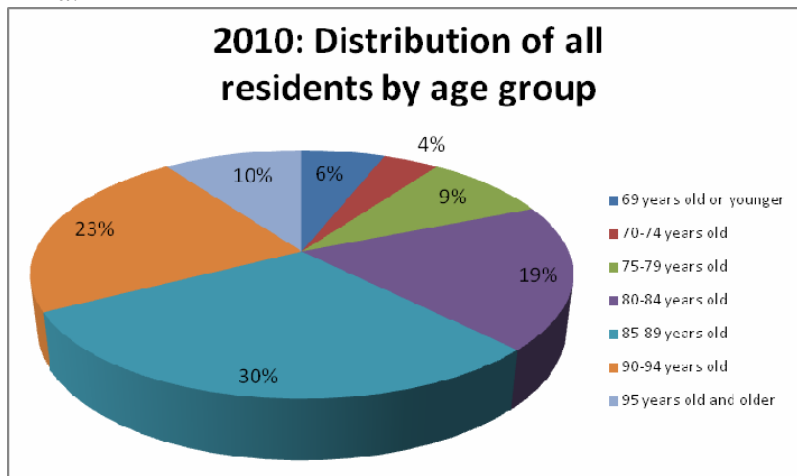
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

A-3:

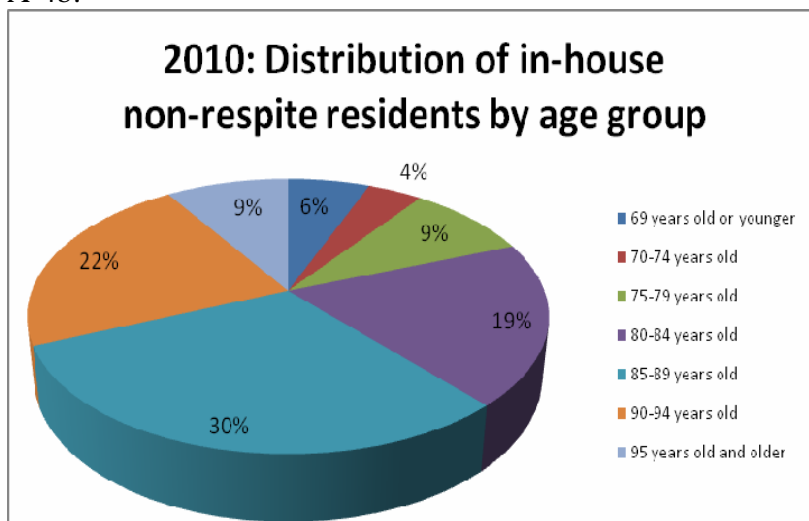


**Please note: Percentages on the pie charts may not total 100 percent due to rounding.**

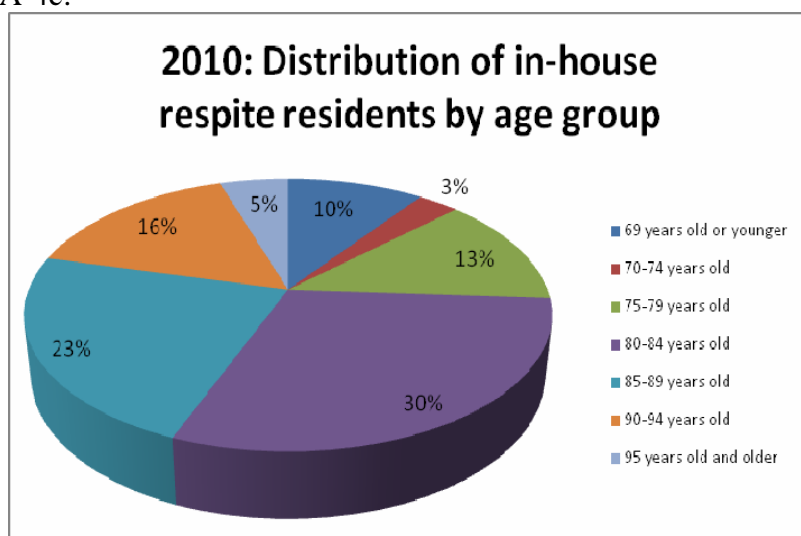
A-4a:



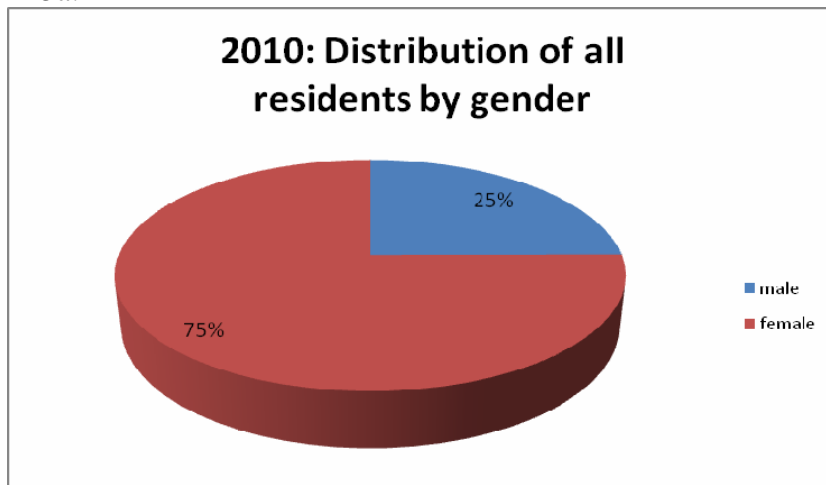
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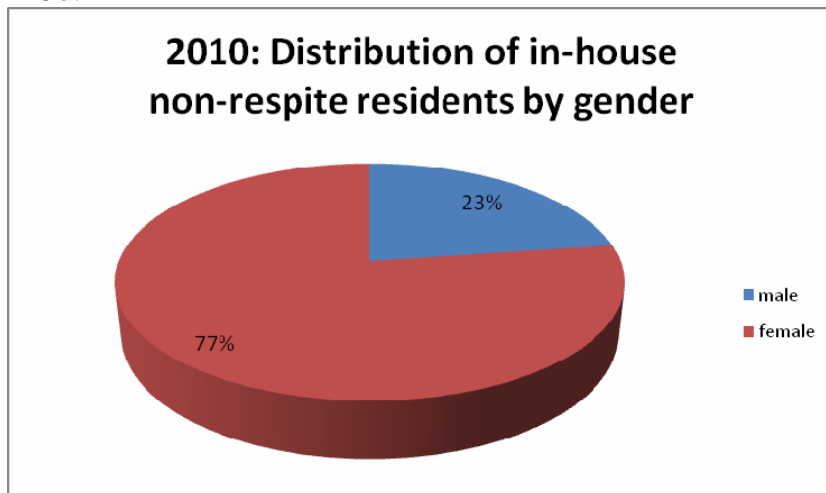
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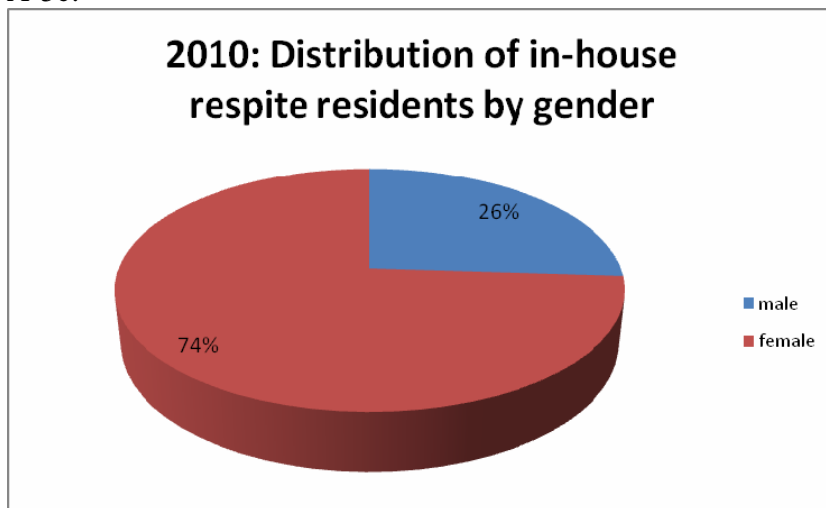
A-5a:



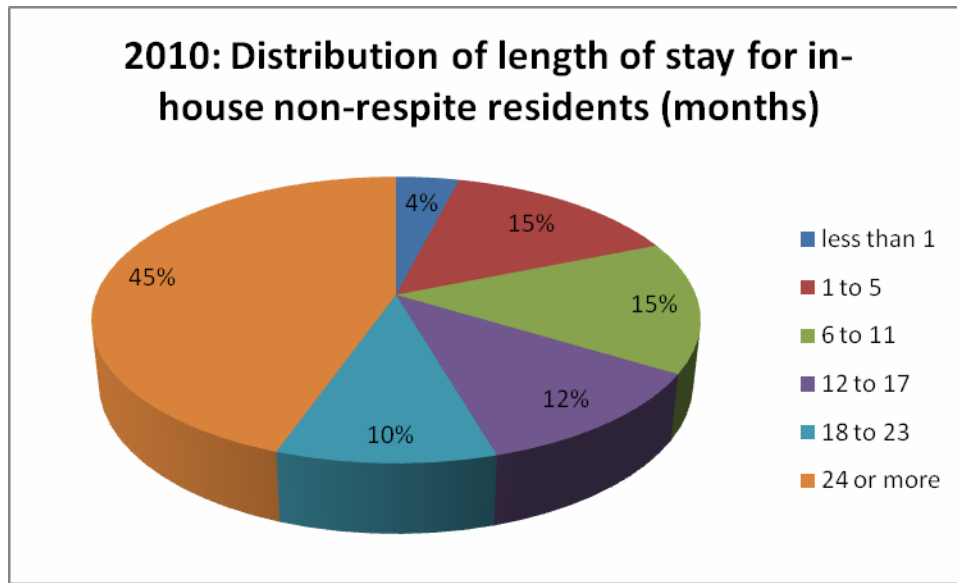
A-5b:



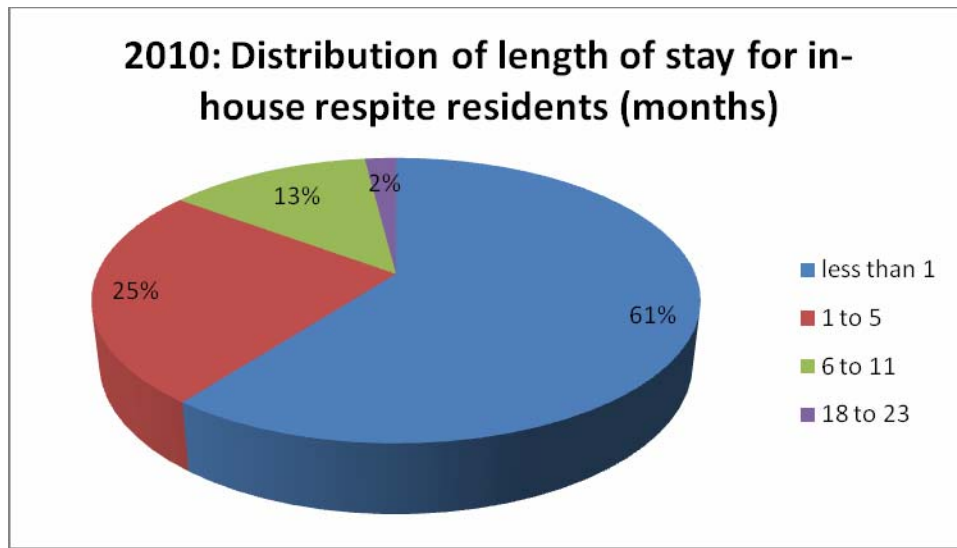
A-5c:



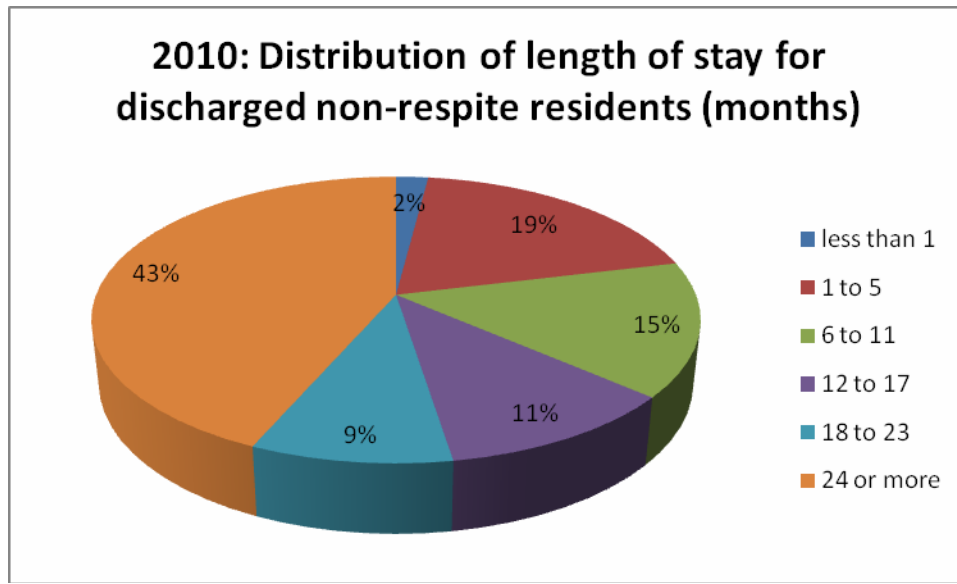
A-6a-1:



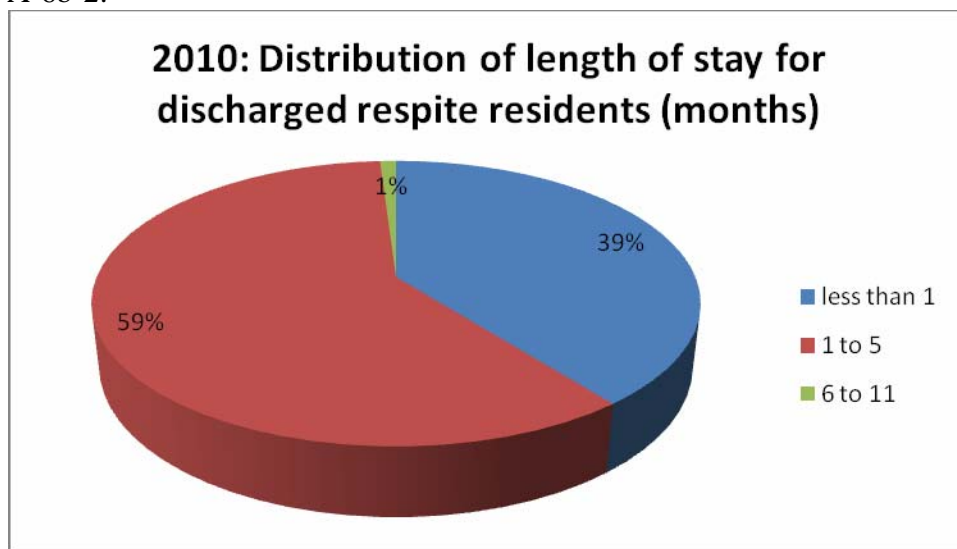
A-6a-2:

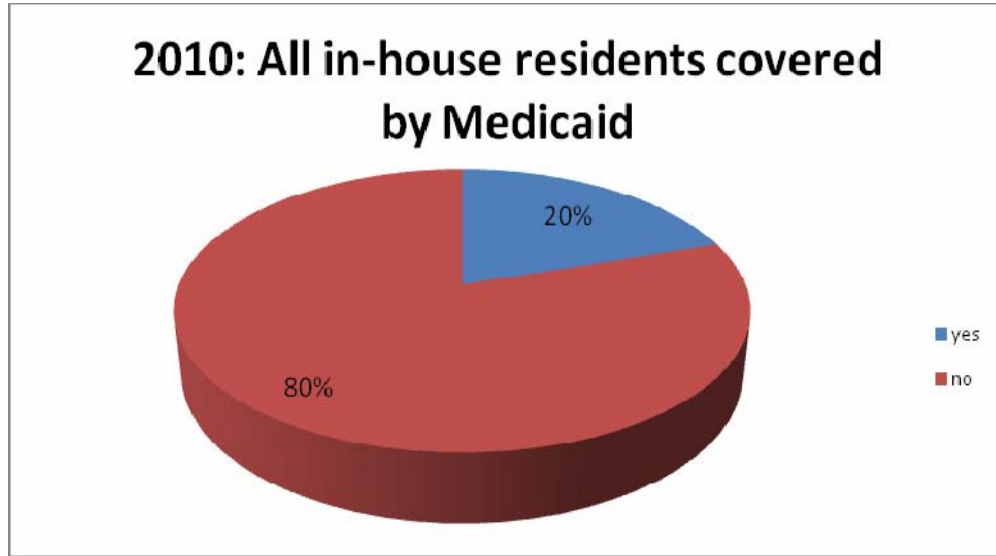


A-6b-1:



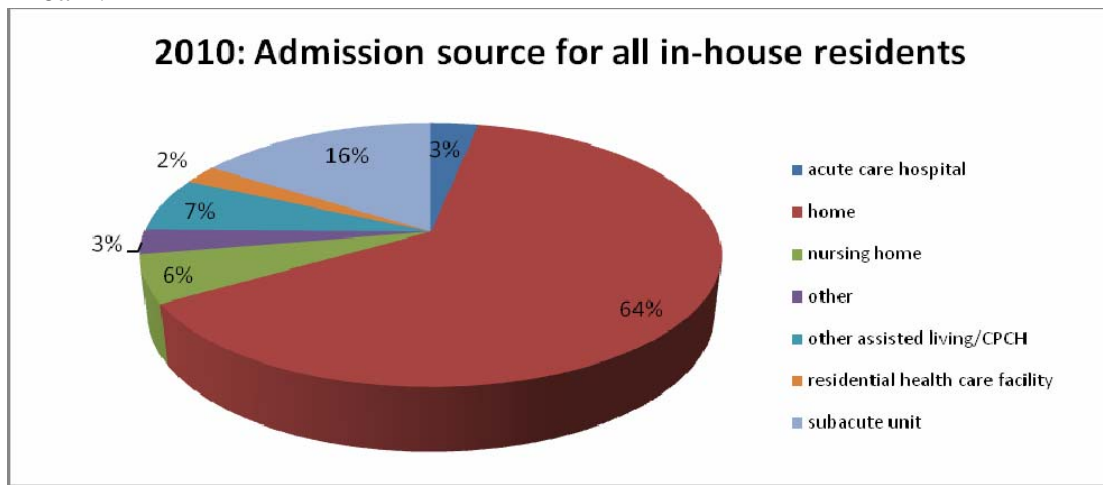
A-6b-2:



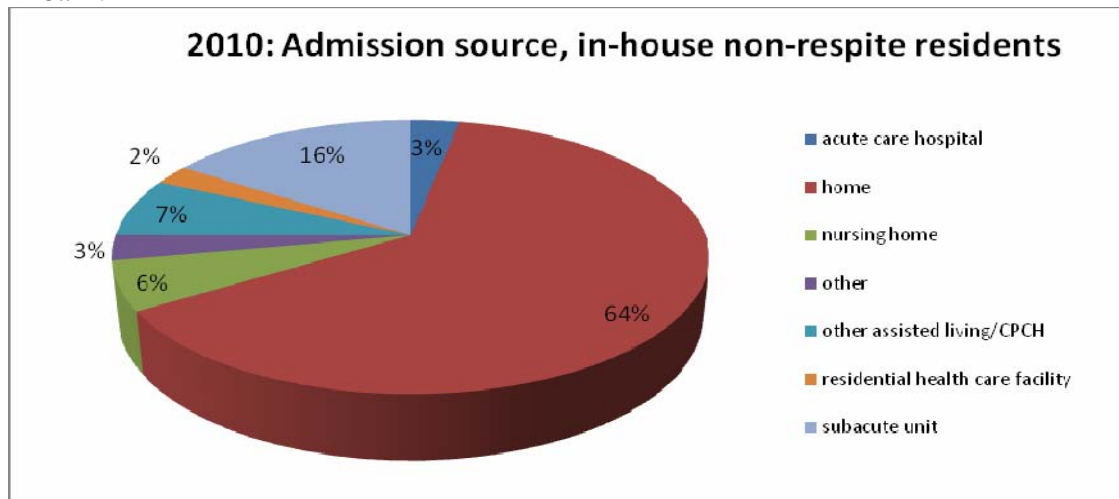




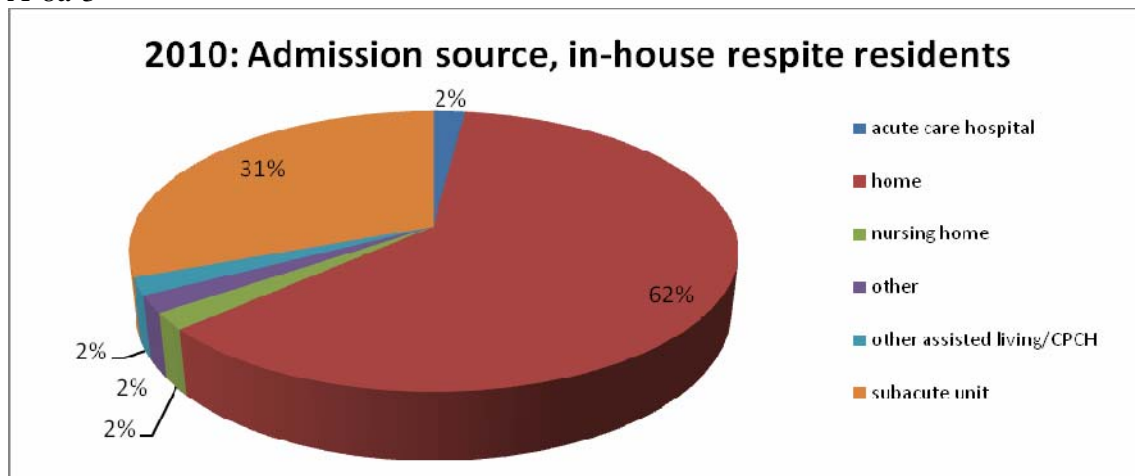
A-8a-1:



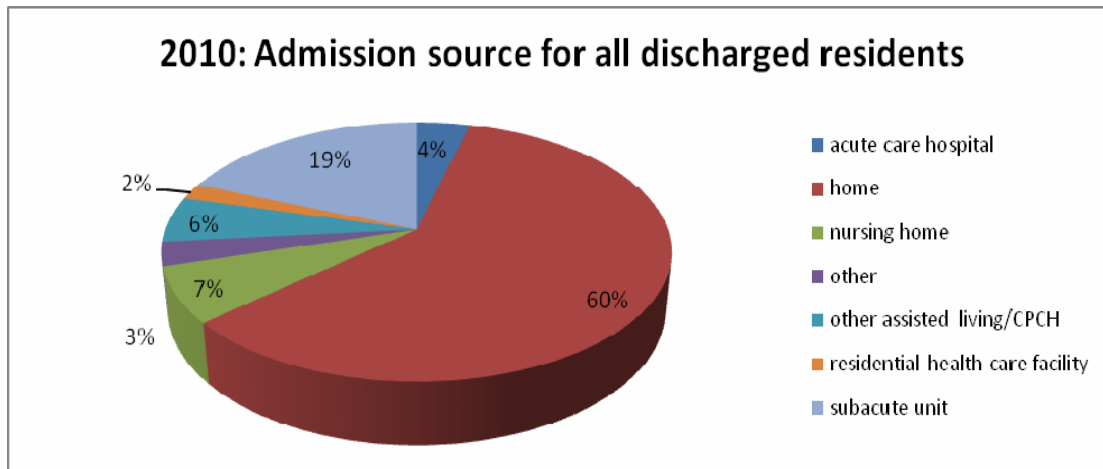
A-8a-2:



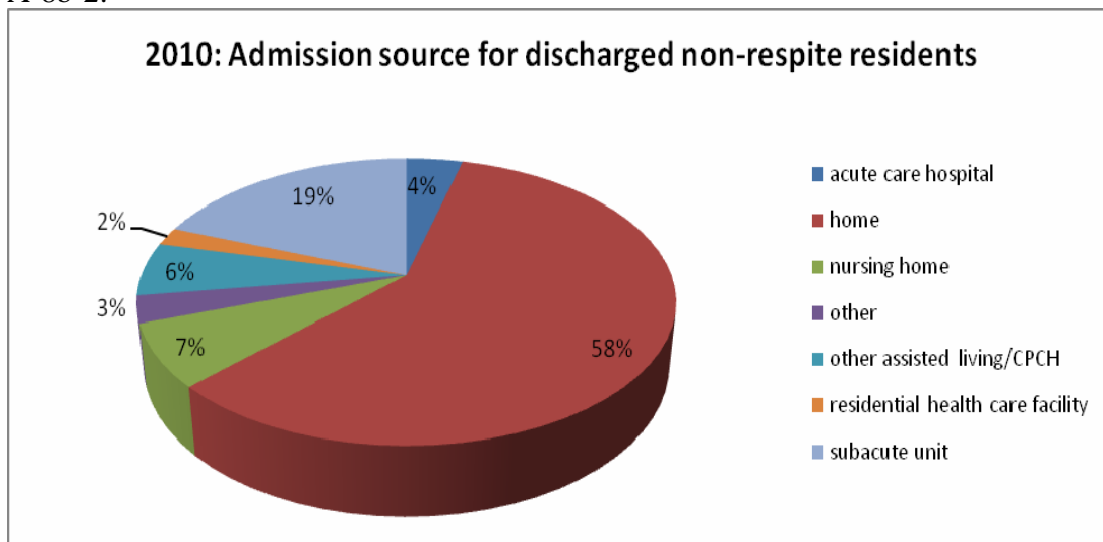
A-8a-3



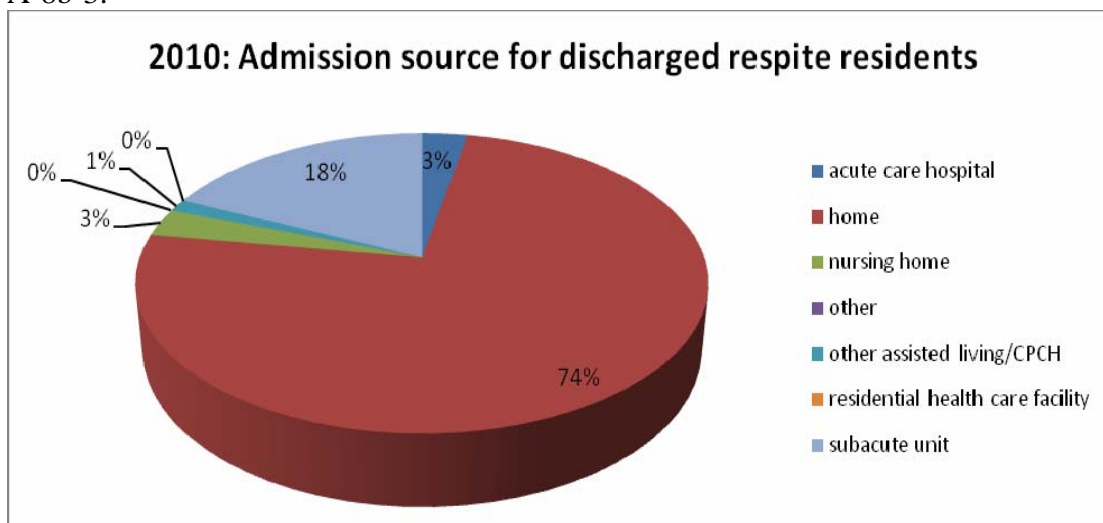
A-8b-1:



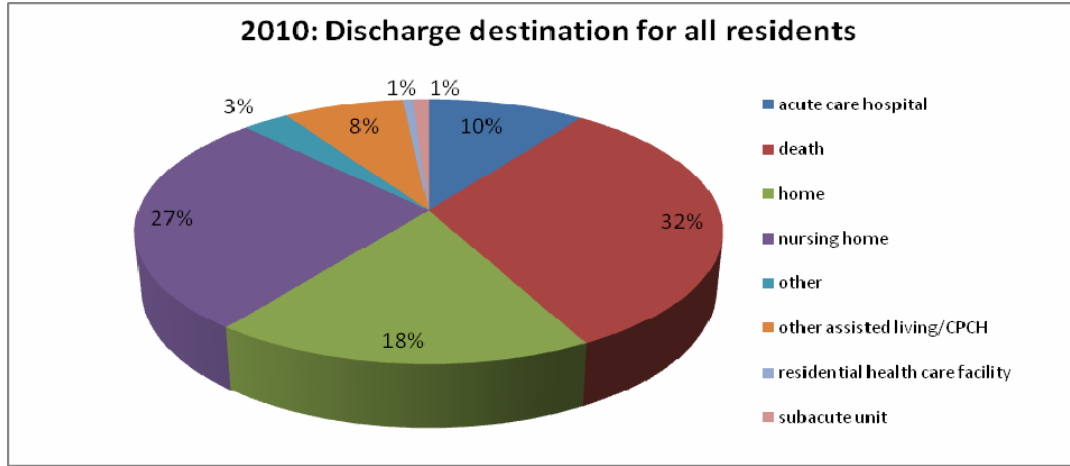
A-8b-2:



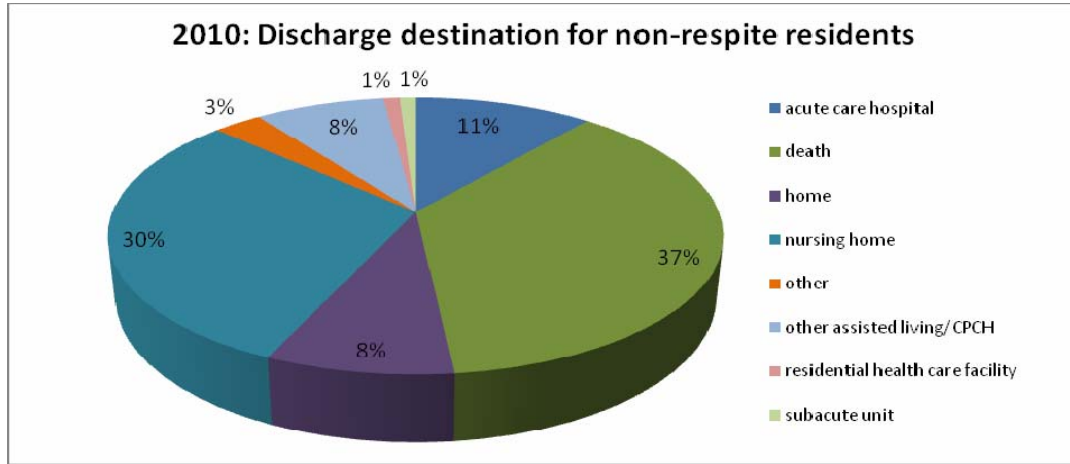
A-8b-3:



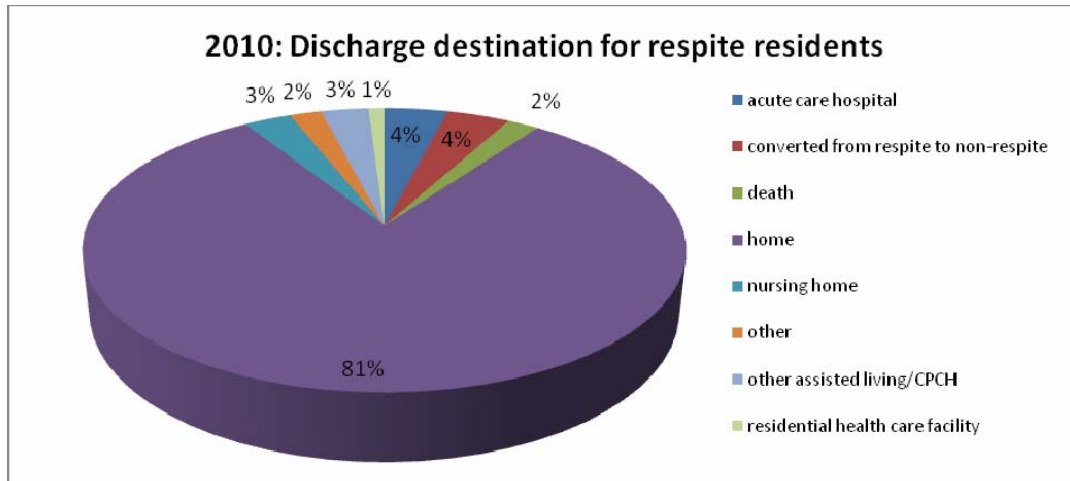
A-9a:



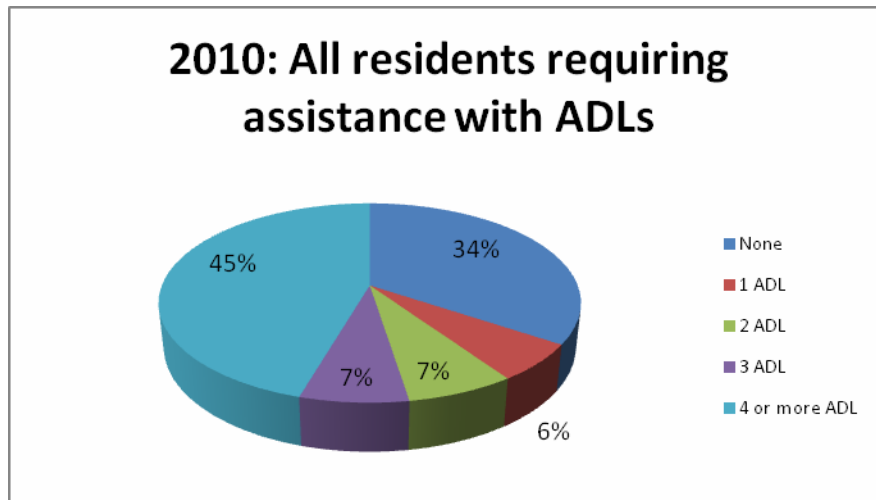
A-9b:



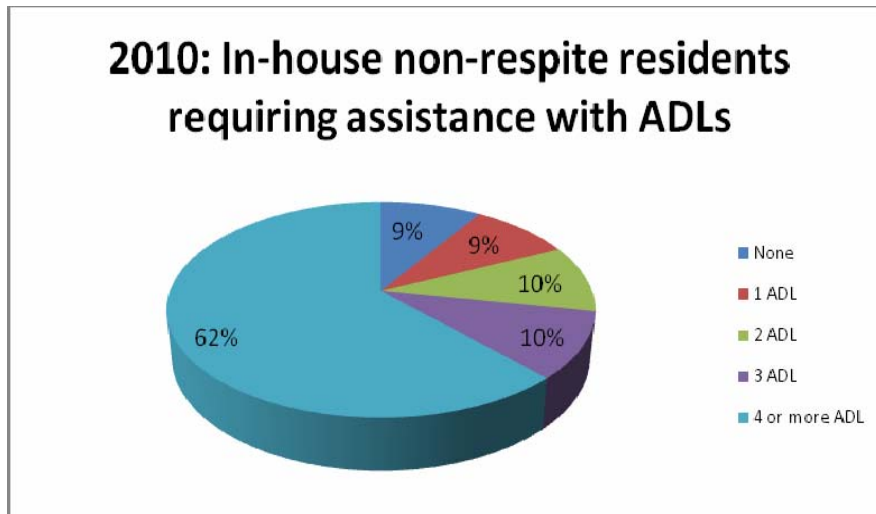
A-9c:



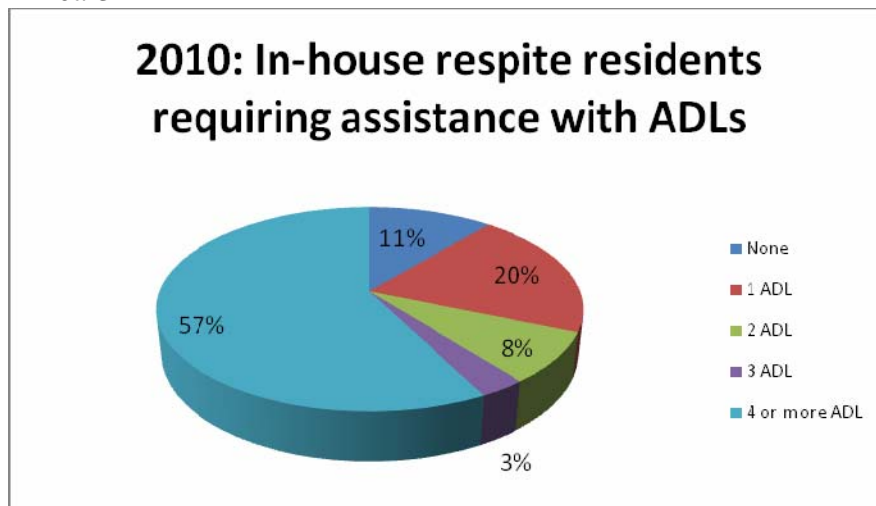
A-10a-1



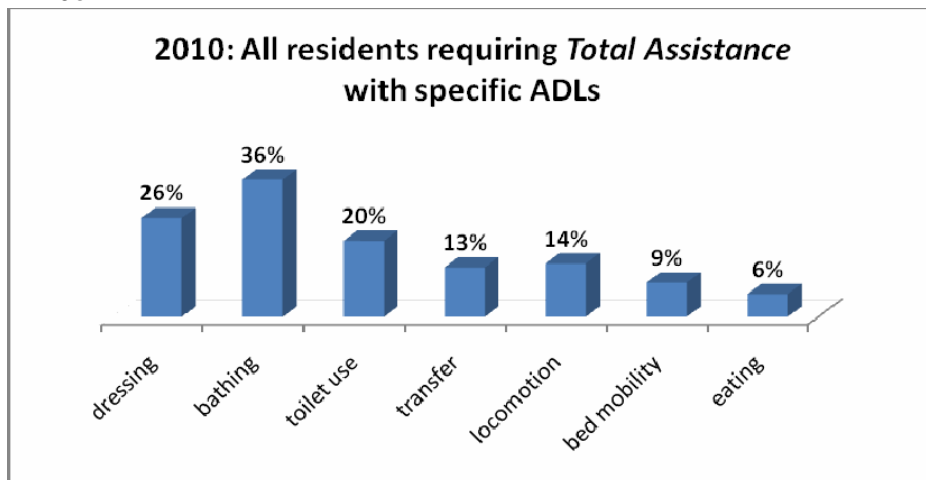
A-10a-2



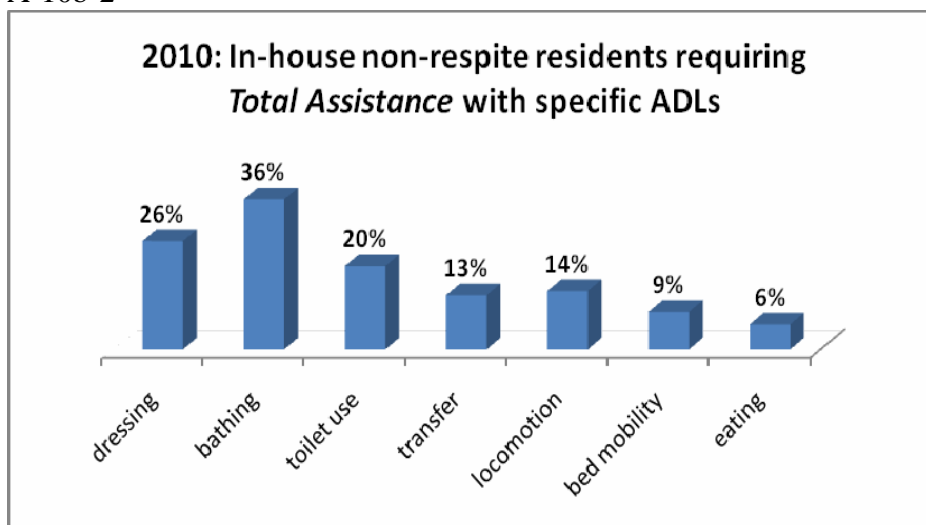
A-10a-3



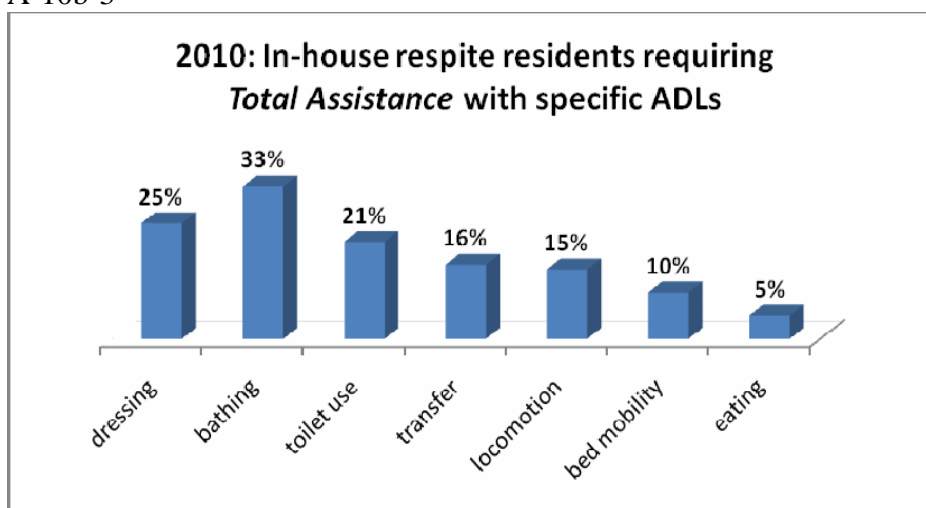
A-10b-1



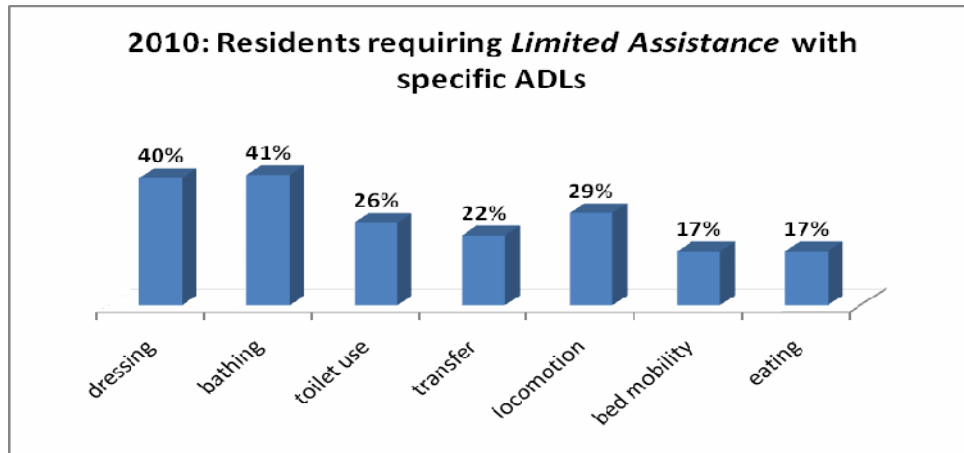
A-10b-2



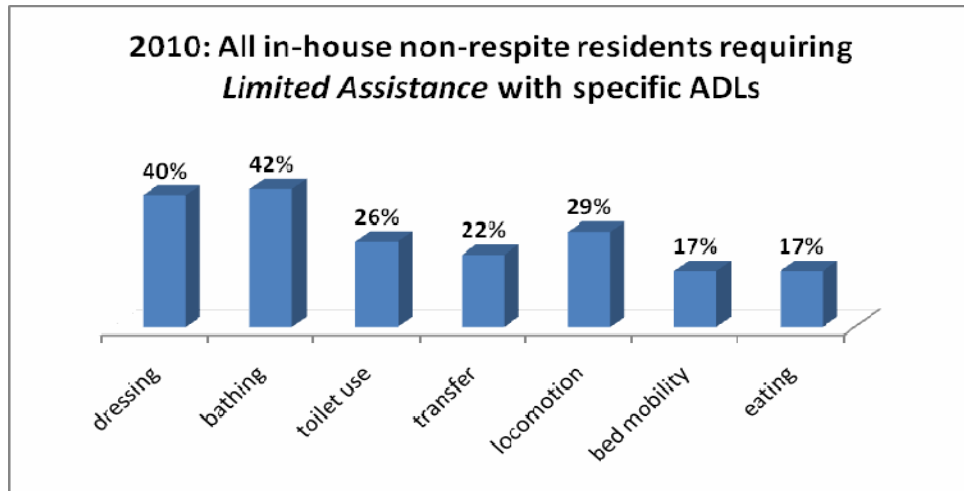
A-10b-3



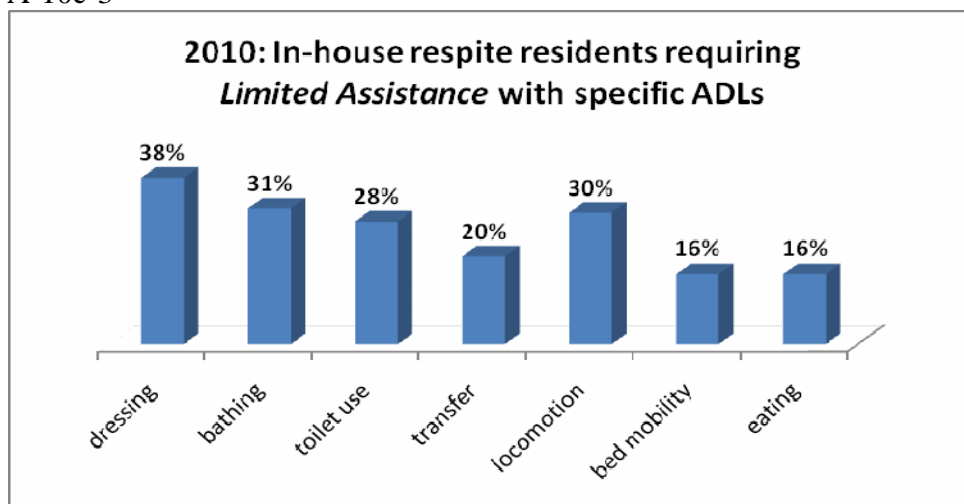
A-10c-1



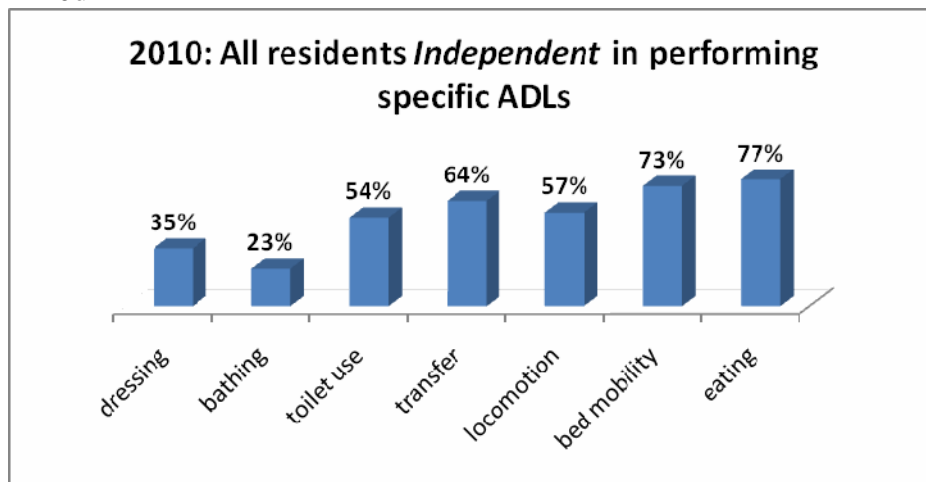
A-10c-2



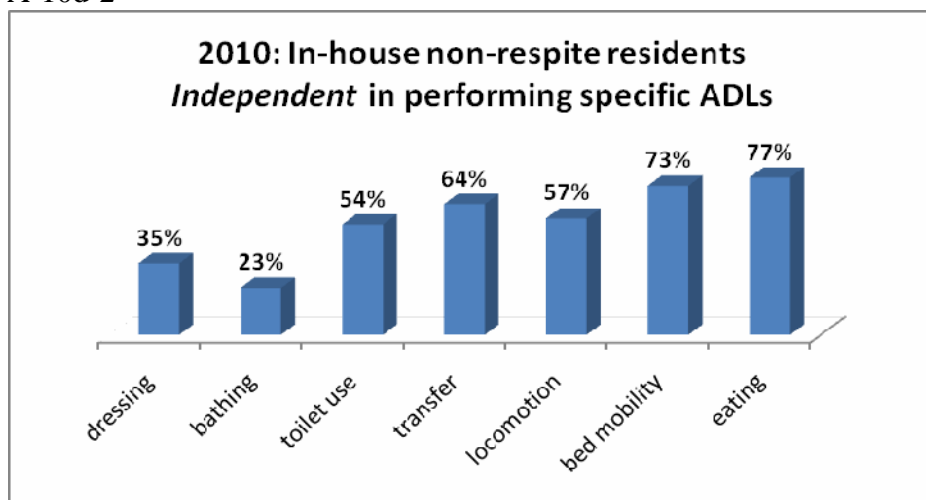
A-10c-3



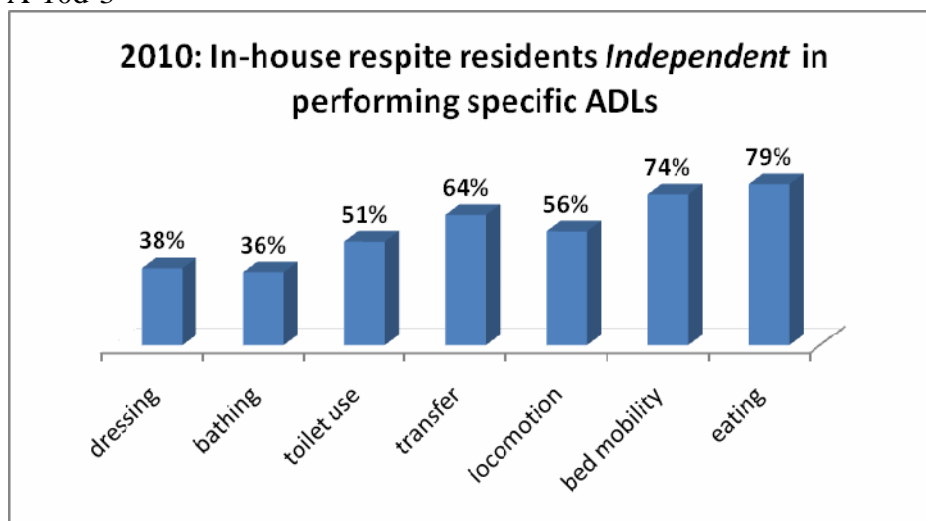
A-10d-1



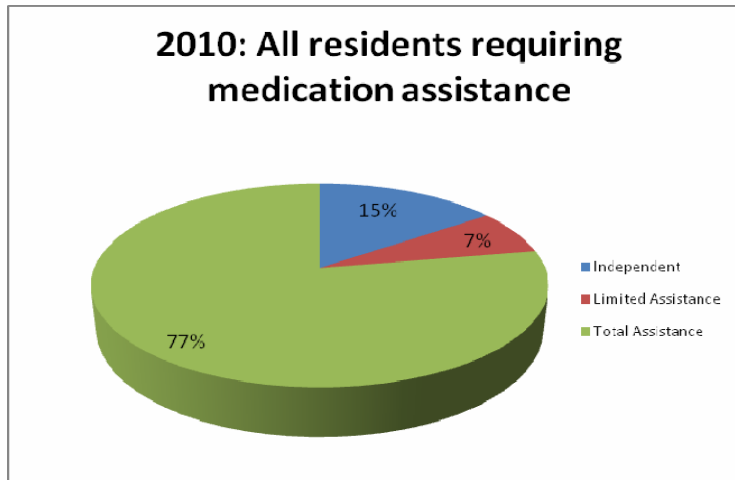
A-10d-2



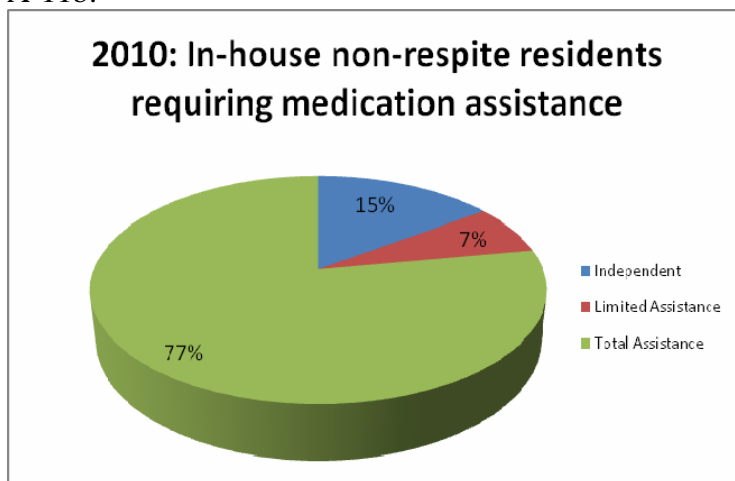
A-10d-3



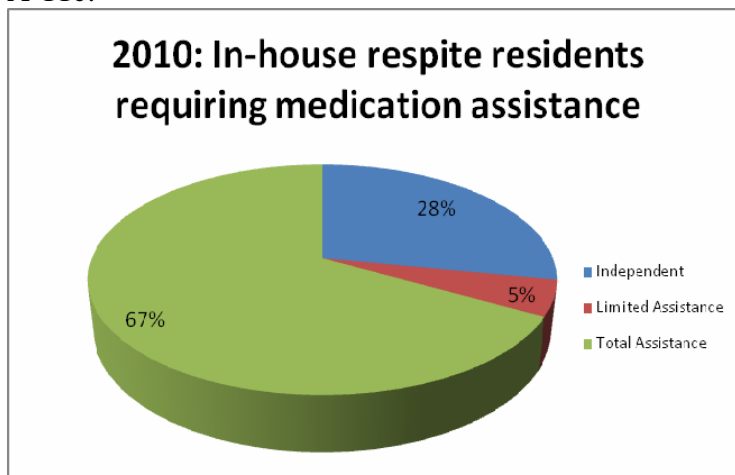
A-11a:



A-11b:

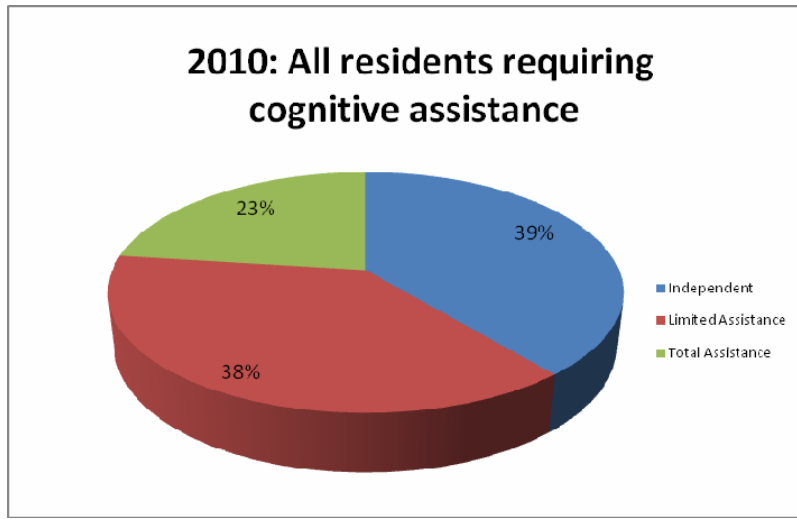


A-11c:

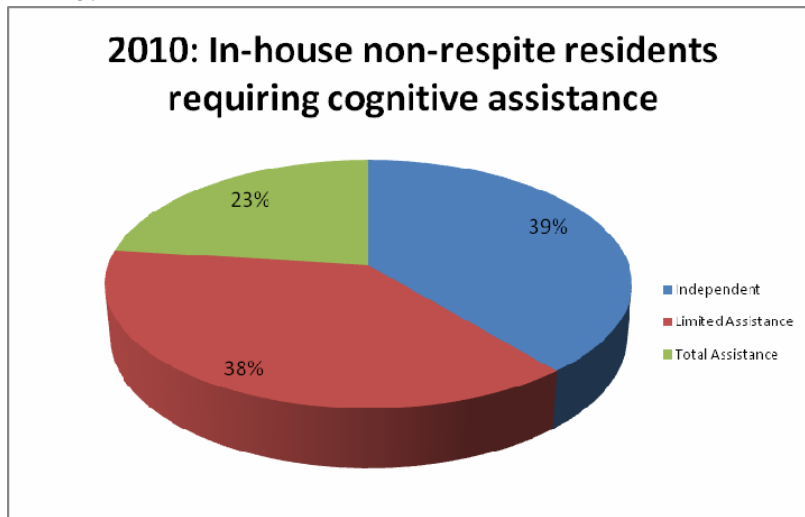




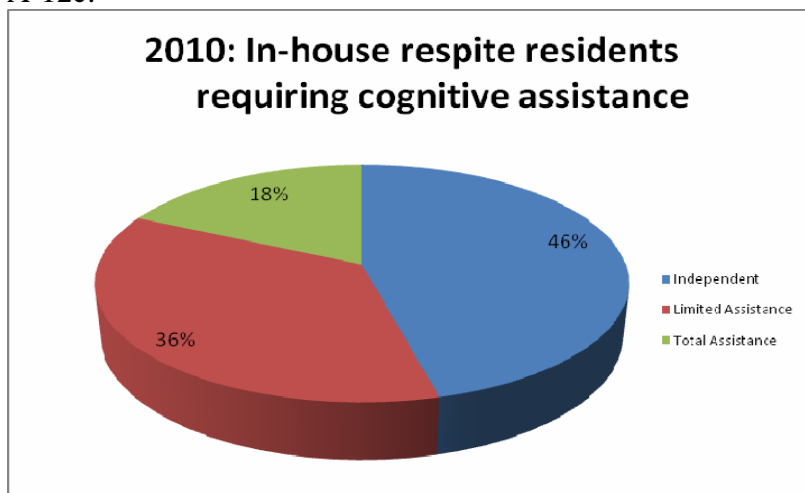
A-12a:



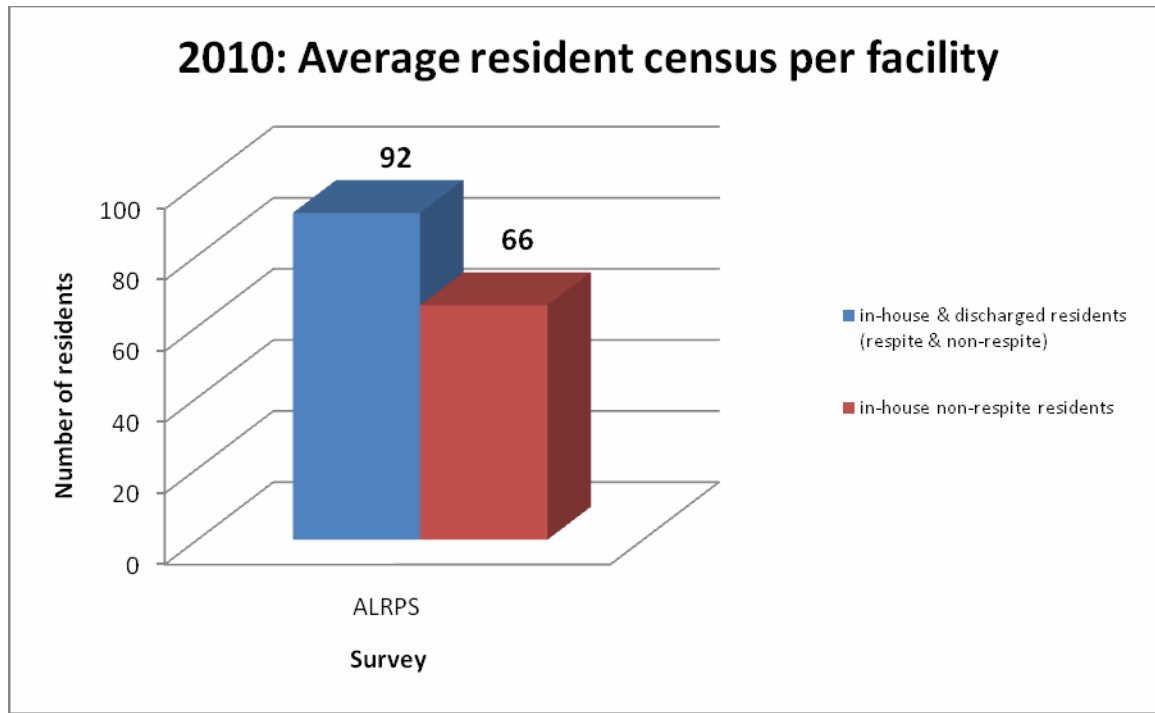
A-12b:



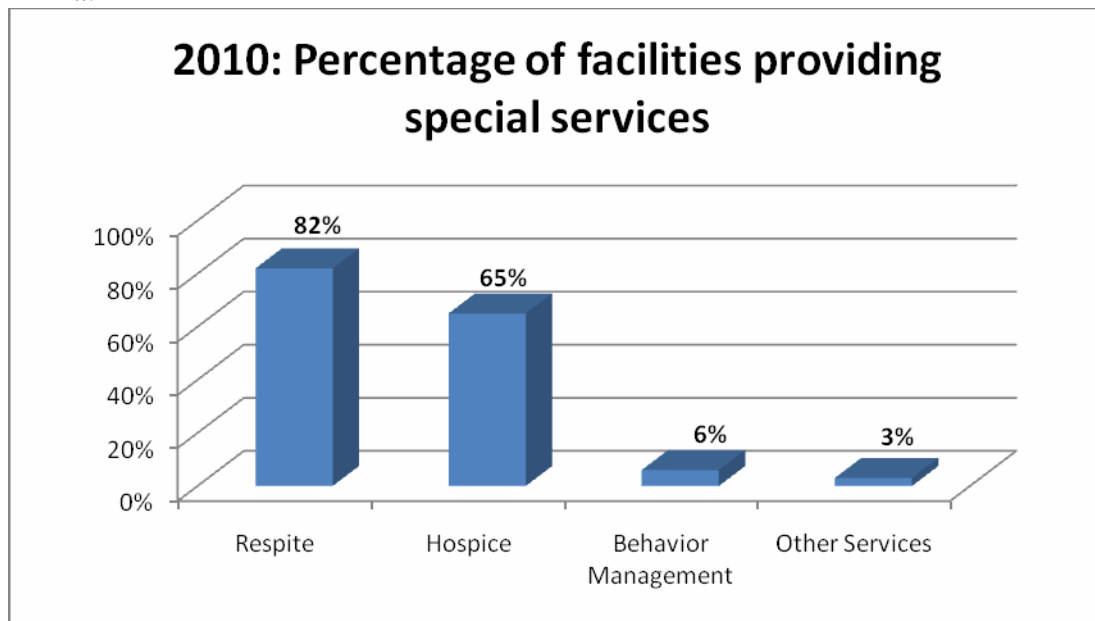
A-12c:



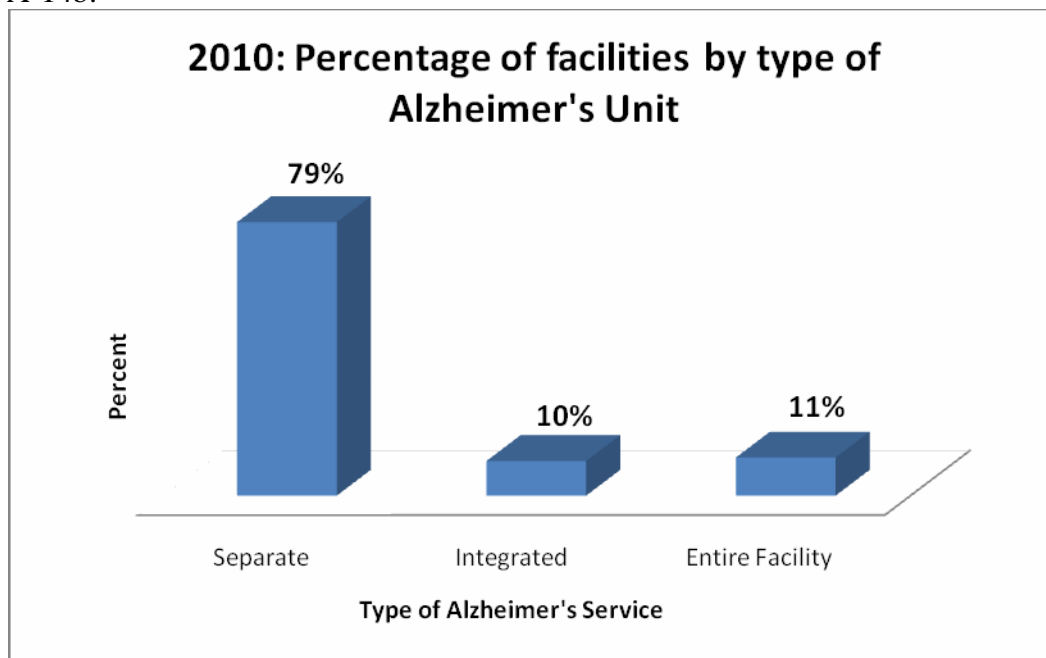
A-13:



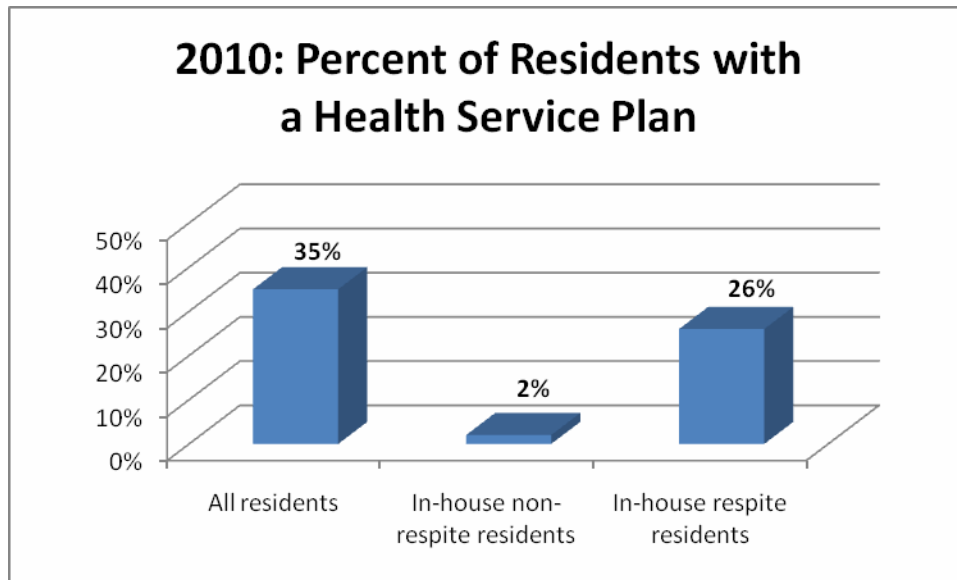
A-14a:



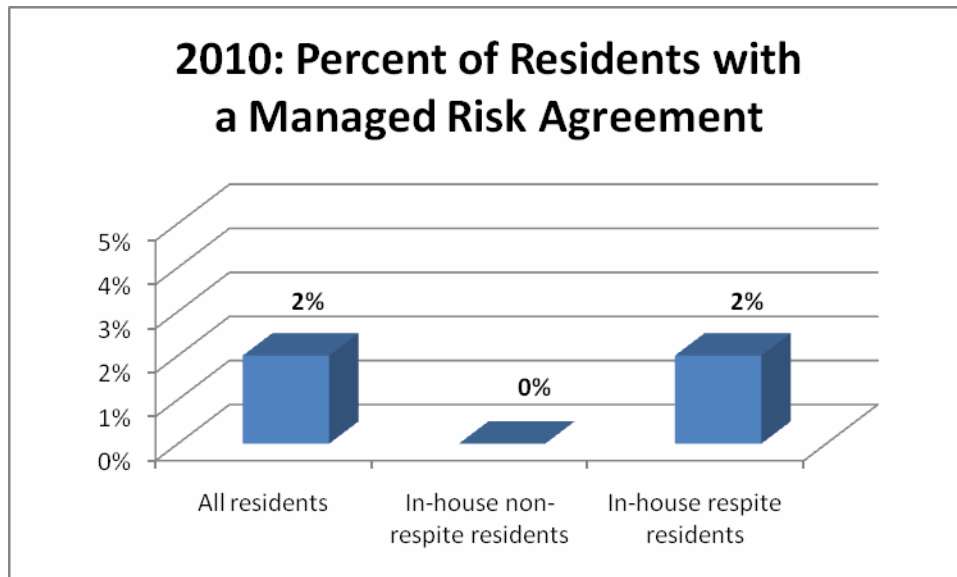
A-14b:



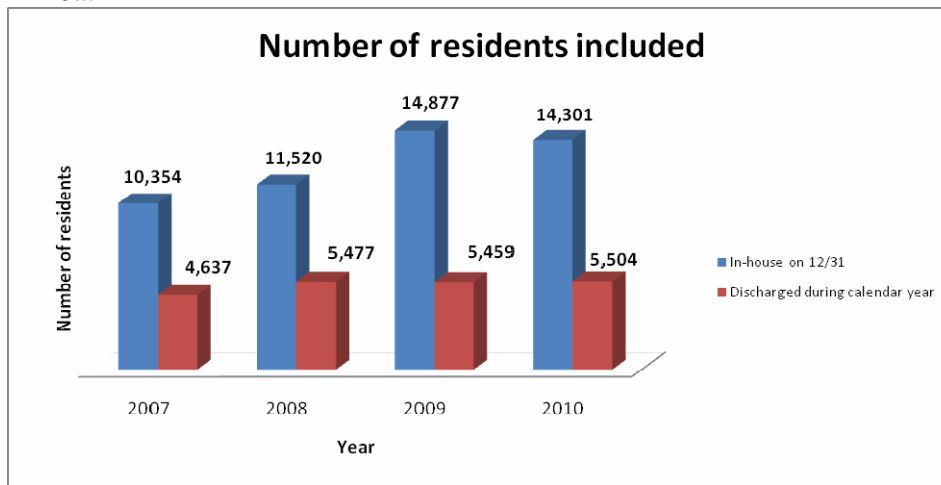
A-15a:



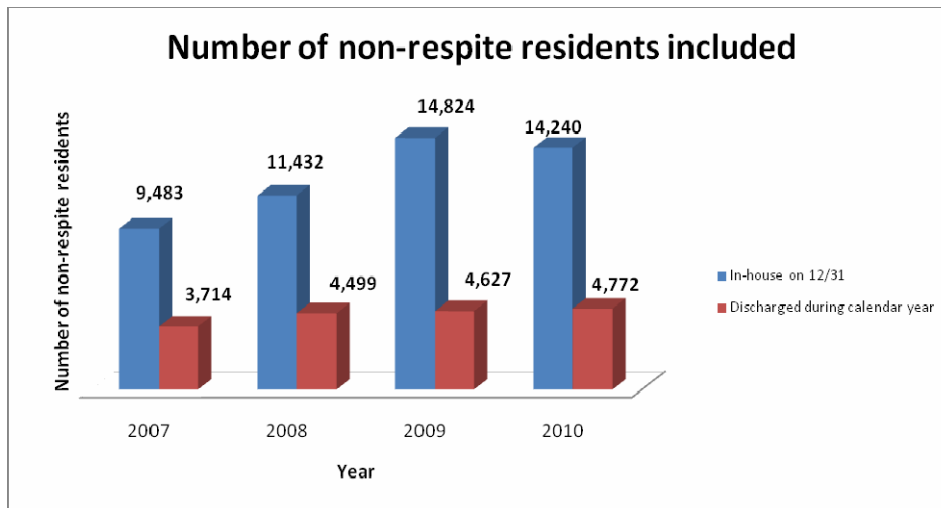
A-15b:



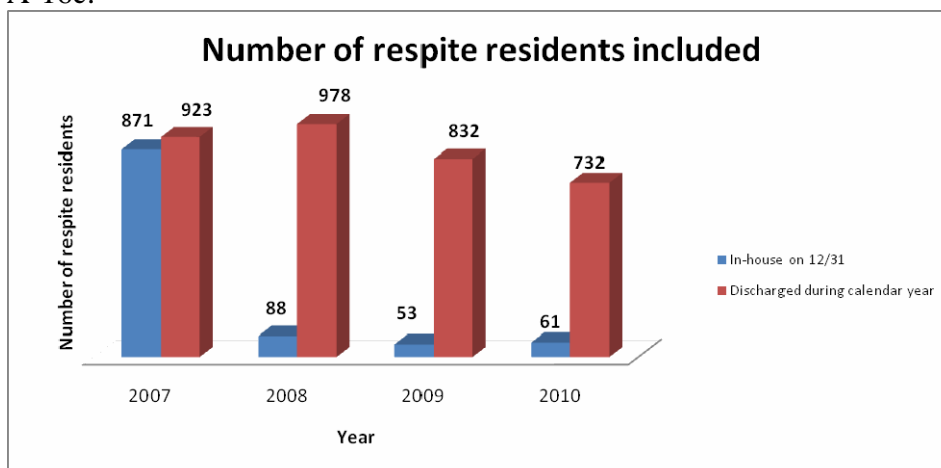
A-16a:



A-16b:

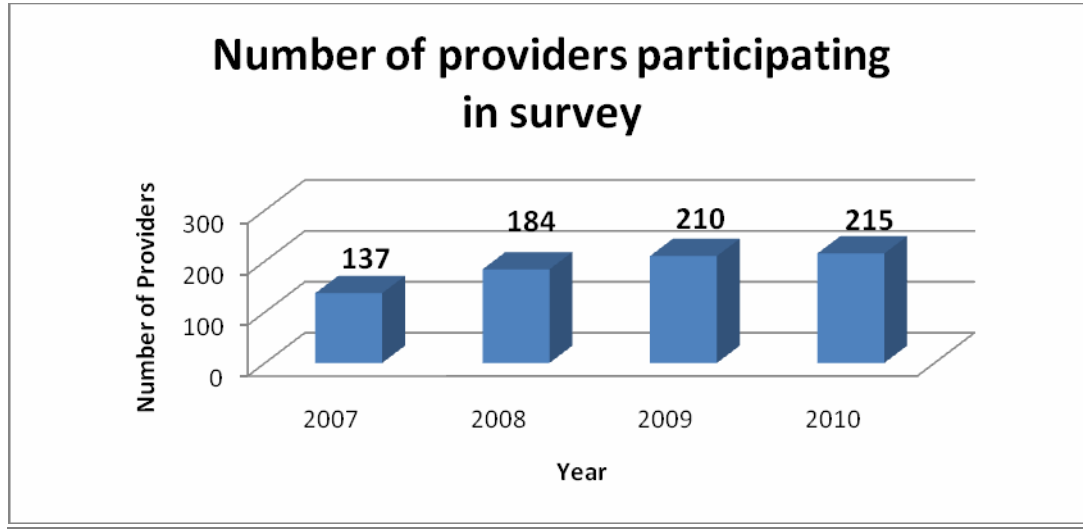


A-16c:

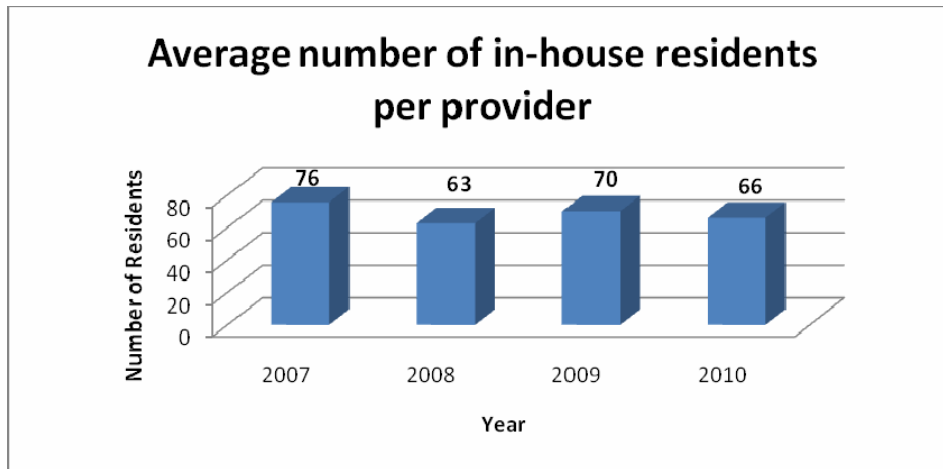


*\*Please note, the difference in the in-house data from 2007 to 2008 may be due to a more accurate capturing of the data via the online survey system.*

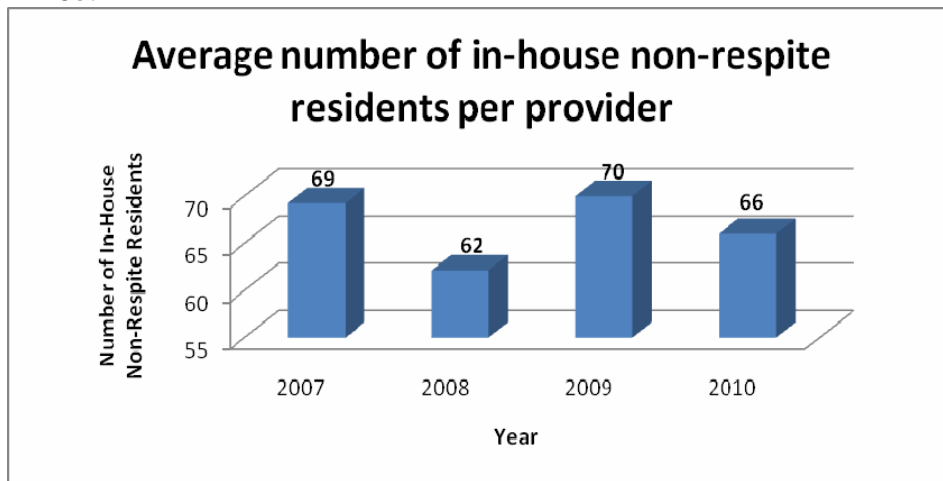
A-17:



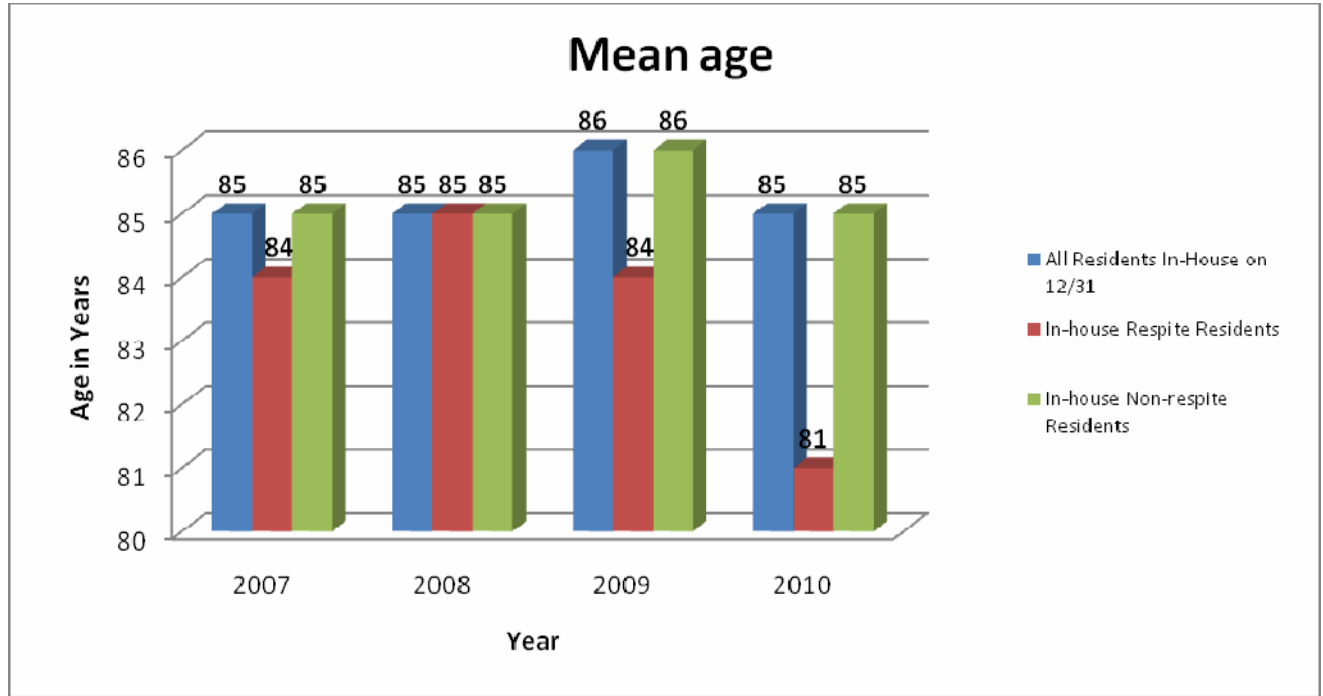
A-18a:



A-18b:

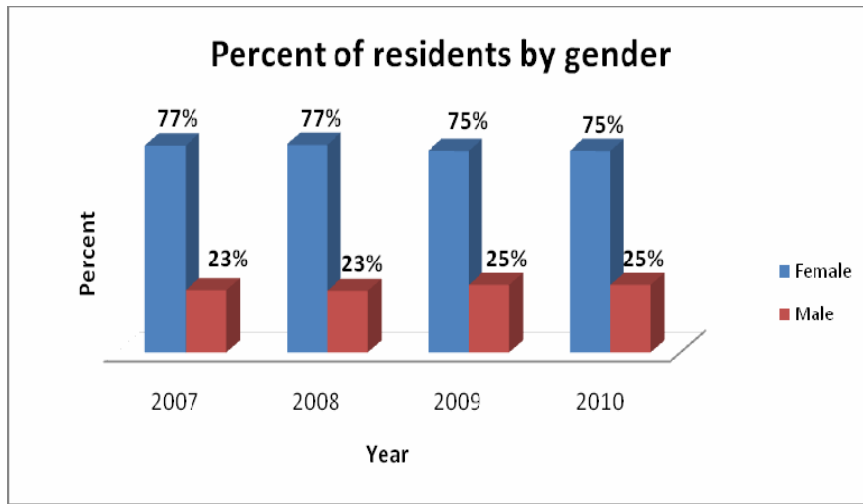


A-19:

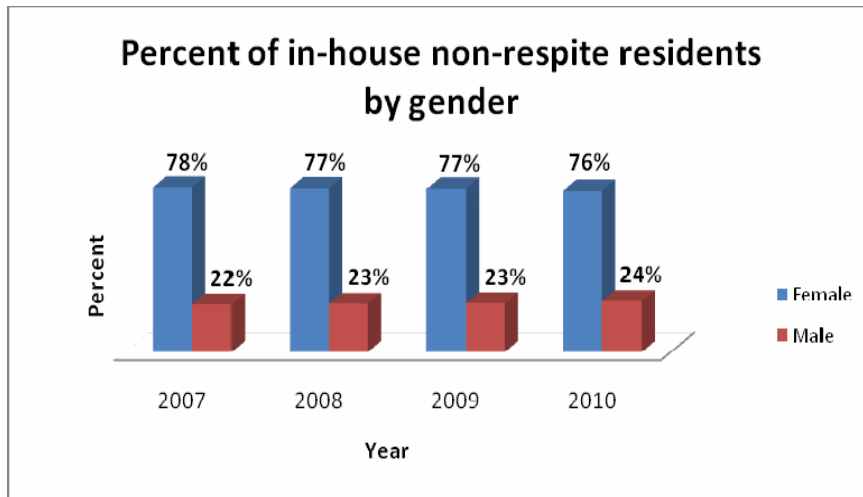




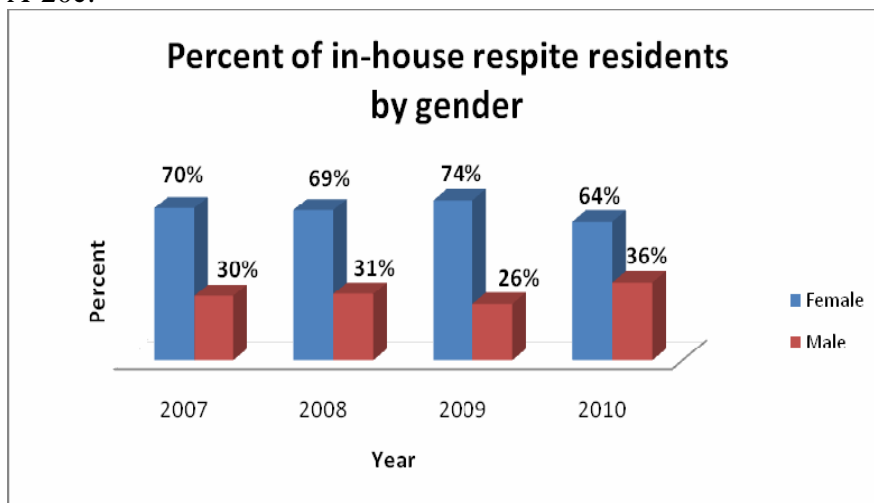
A-20a:



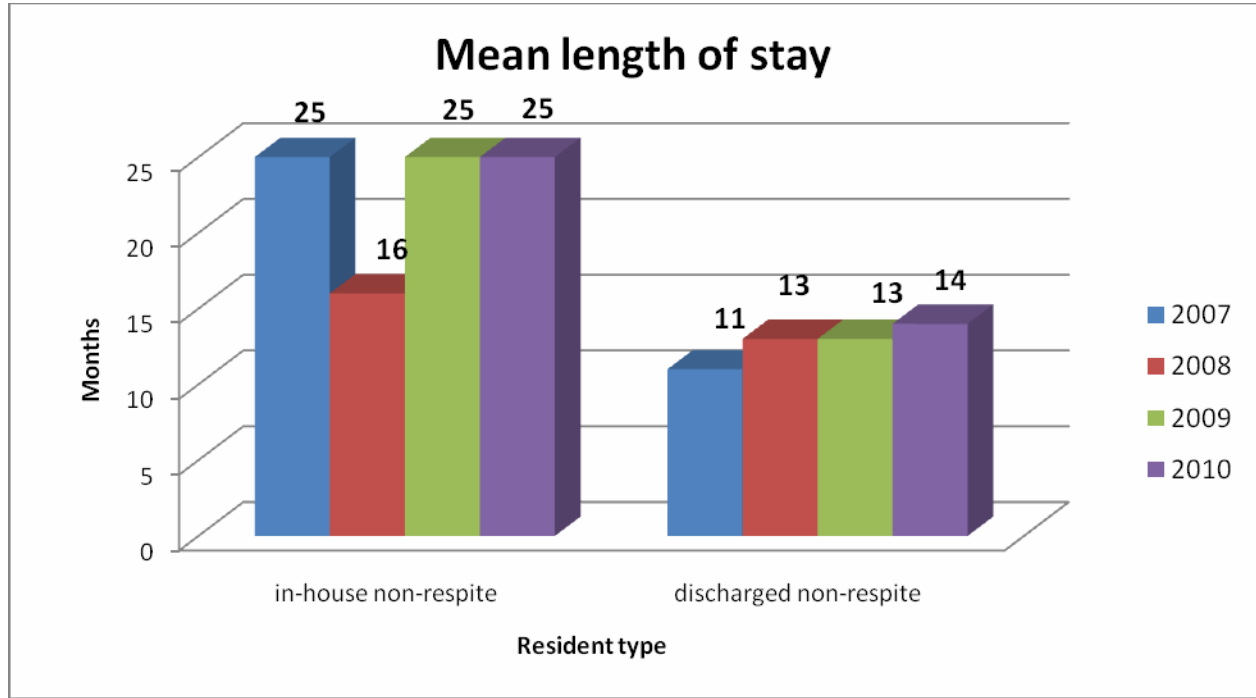
A-20b:



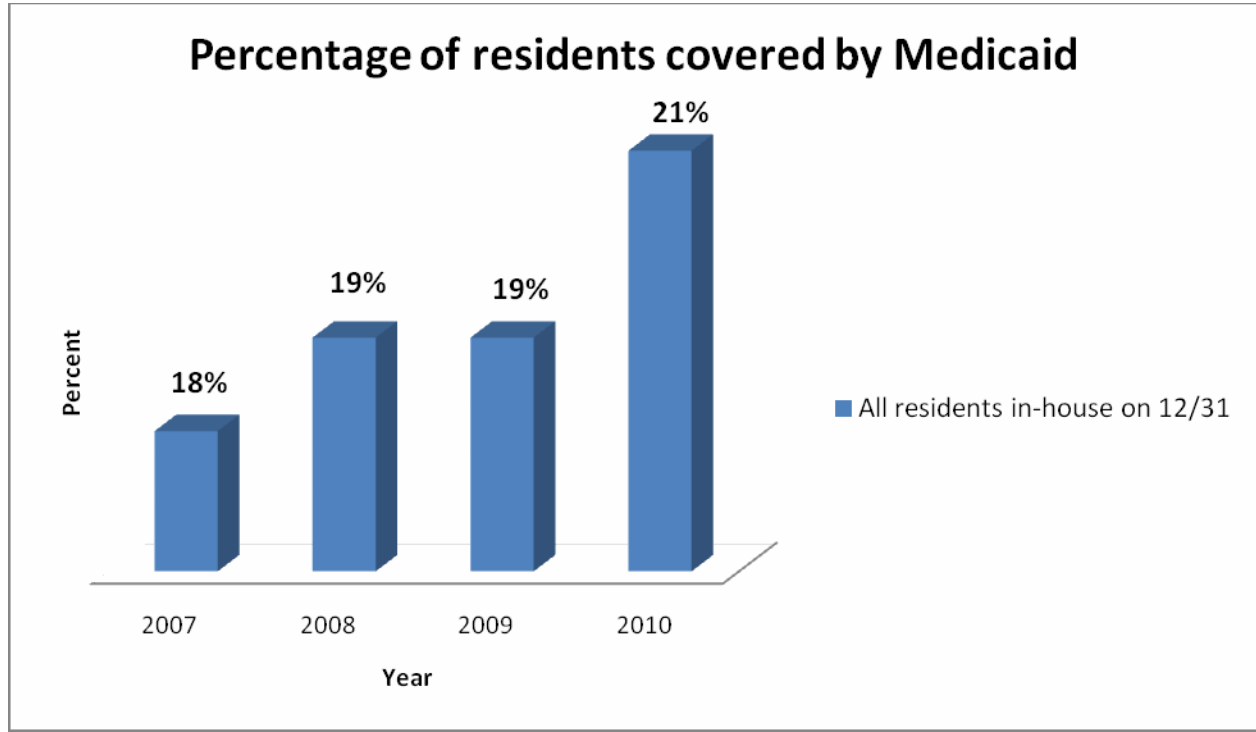
A-20c:



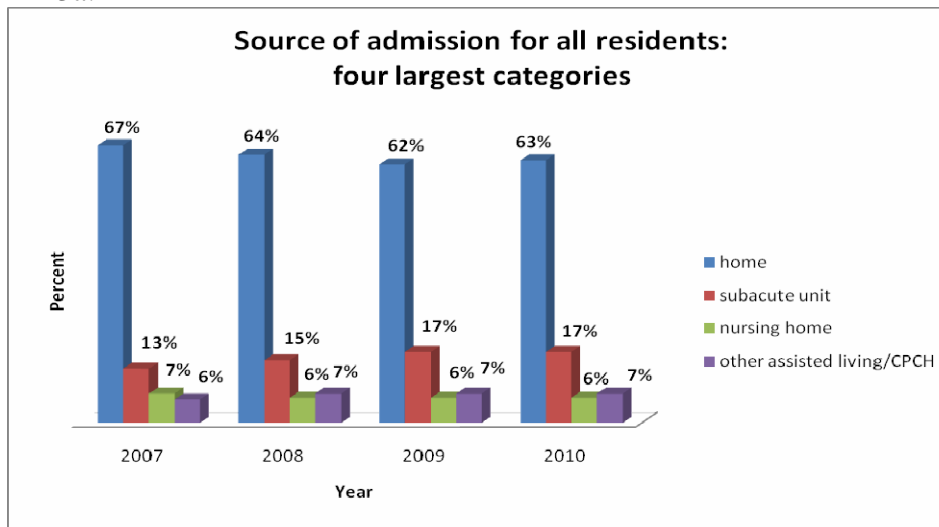
A-21:



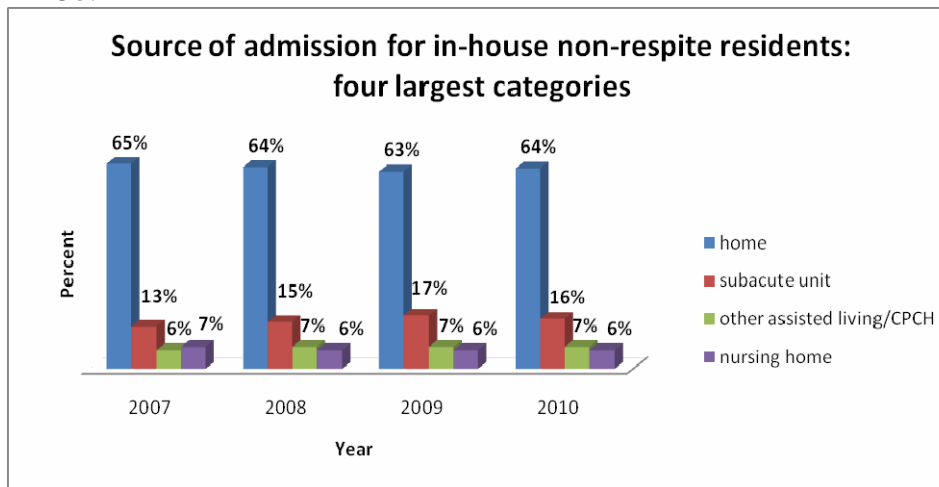
A-22:



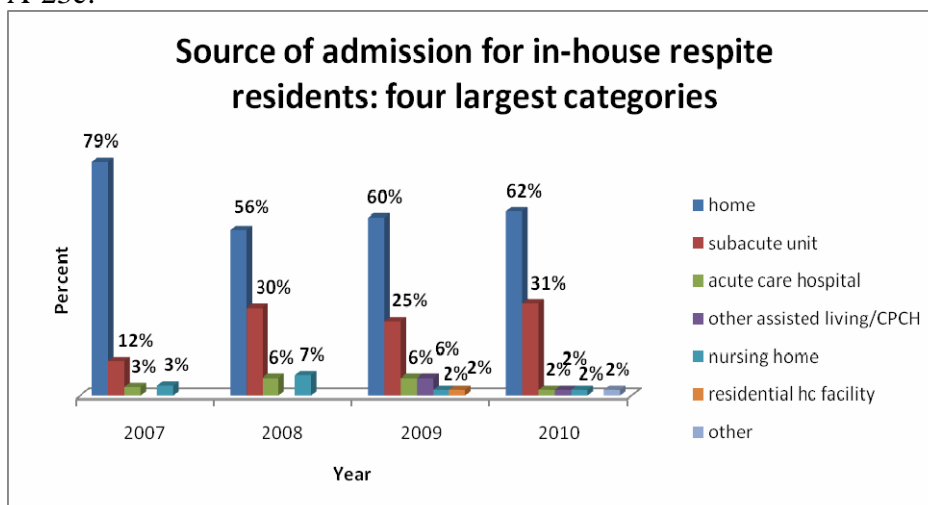
A-23a:



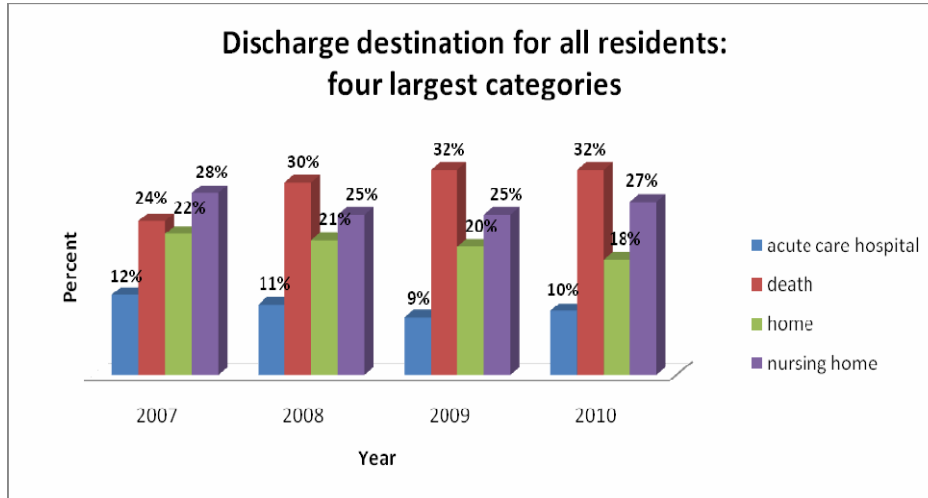
A-23b:



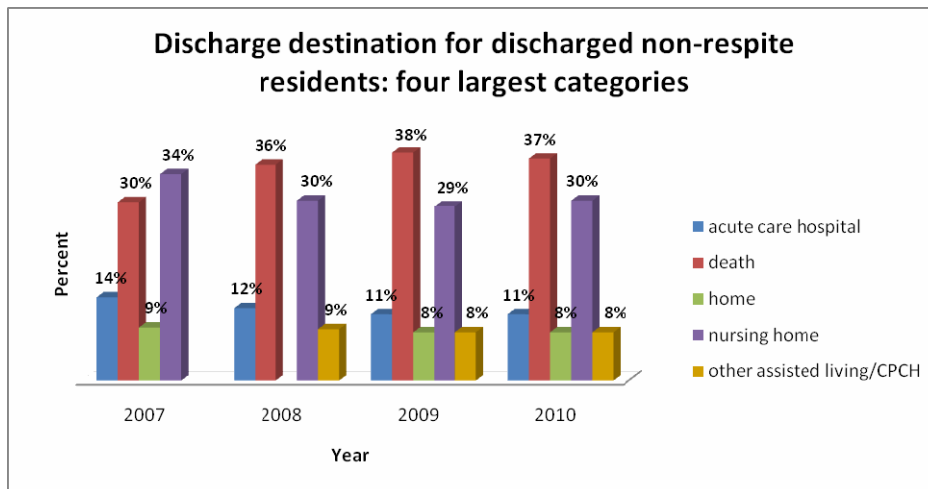
A-23c:



A-24a:



A-24b:



A-24c:

